Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:	Application	Preapplication
	☐ Construction	☐ Construction
	☒ Non-Construction	☐ Non-Construction

2. DATE SUBMITTED: 3/28/05	Applicant Identifier: N/A
3. DATE RECEIVED BY STATE: 1/28/05	State Application Identifier: N/A
4. DATE RECEIVED BY FEDERAL AGENCY:	Federal Identifier: SMX 060048-02

5. APPLICANT INFORMATION

Legal Name: Washington State Dept. of Social & Health Services	Organizational Unit:
	Department: Health and Rehab. Services Administration
Organizational DUNS: 96-2124509	Division: Mental Health
Address:	
Street: P.O. Box 45320, 1115 Washington	**Name and telephone number of the person to be contacted on matters involving this application** *(give area code)*
City: Olympia	Prefix: Mr. / First Name: C.
County: Thurston	Middle Name: H. "Hank"
State: Washington / ZIP: 98504	Last Name: Balderrama
Country: U.S.A.	Suffix: MSW
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 1 - 6 0 0 1 0 8 8	Phone Number *(give area code)*: (360) 902-0820 / FAX Number *(give area code)*: 360) 902-7691

8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☒ Revision

If Revision, enter appropriate letter(s) in box(es): A C
(See back of form for description of letters)

Other *(specify)*:

7. TYPE OF APPLICANT: *(See back of form for Application Types)*: A. State

Other *(Specify)*: N/A

9. NAME OF FEDERAL AGENCY: SAMHSA Center for Mental Health Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 3 - 1 5 0

TITLE: *(Name of Program)*: PATH

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PATH Formula Grant Program for Homeless Mentally Ill

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: ***Washington State*** including Clark, Greater Columbia, King, North Sound, Peninsula, Pierce, Southwest, Spokane and Thurston-Mason Regional Support Networks

13. PROPOSED PROJECT:

Start Date	Ending Date
7/1/05	6/30/06

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3	2, 3, 4, 5, 6, 7, 8 , & 9

15. ESTIMATED FUNDING:

a. Federal	$	1,079,000.00
b. Applicant	$	
c. State	$	
d. Local	$	353,283.00
e. Other	$	
f. Program Income	$	
g. TOTAL	$	1,432,283

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. ☐ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____

b. ☒ NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name	Middle Name
Ms	Christine	
Last Name		**Suffix**
Gregoire		
b. Title: Governor		c. Telephone Number *(give area code)*: 360.753.6780
d. Signature of Authorized Representative: Christine Gregoire		e. Date Signed: 3/25/05

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Washington State PATH Application 2005

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$615,592	$206,036			$821,628
b. Fringe Benefits	$147,829	$57,811			$205,640
c. Travel	$29,658	$4,279			$33,937
d. Equipment	$10,527	$5,305			$15,832
e. Supplies	$13,396	$4,250			$17,646
f. Contractual	$108,278	$15,598			$123,876
g. Construction	$0	$0			$0
h. Other	$94,688	$44,788			$139,476
i. Total Direct Charges (sum of 6a - 6h)	$1,019,968	$338,066			$1,358,034
j. Indirect Charges	$59,032	$28,497			$87,529
k. TOTAL (sum of 6i and 6j)	$1,079,000	$366,563			$1,445,563
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

SF 424 A
Budget Narrative

The Washington State Mental Health Division (MHD) initially will contract with nine local mental health authorities, known as regional support networks (RSNs) for the provision of services funded through the Projects for Assistance in Transition from Homelessness (PATH). All RSNs will sub-contract with at least one state licensed, private, non-profit mental health center to deliver services; three will sub-contract with two agencies. One more project will be established, with a target start up date of April 1, 2006

Match funds are available at the beginning of the award. Please refer to cover letters from each of the RSNs in Section C, Local Provider information of this application.

All RSNs assure local match. Match funds come from the RSN in cash, from the local agency in cash or in kind, or from a combination of the two. The MHD has established a practice requiring RSNs to submit amount of match provided with each claim for PATH funding.

All RSNs will receive a five percent increase in funding, which will be passed through to local sub-contractors. A minimum funding base of $42,000 has been established for any state project. The costs of participation in a data collection project and equipment are added to the allocation. All three amounts must be matched in the amount of thirty-four percent of the total award.

Each RSN is assessed costs for contribution to a data collection contractor. Costs are proportionate to the amount of PATH funds awarded to the individual RSN. In addition to the increase in funding from last year, RSNs are also awarded funds to cover the assessment for data collection but are required to contribute non-federal match.

Administrative funds will be used by the state PATH contact to participate in national and local homeless conferences and training. Administrative costs are less than two percent of federal funds to be received.

Funds will not be used to support emergency shelters, for inpatient psychiatric or substance abuse treatment or to make cash payments to intended recipients of mental health or substance abuse services.

Washington State PATH Budget
Federal Fiscal Year 2005
February 4, 2005

FFY 05 Allocation	1,079,000
FFY 04 (Current) Allocation	969,000
Amount of Increase	110,000
% Increase	11.35%

Recipient total base funding 04-05	872,924
NW Resource Associates base funding 04-05	72,496

	Base Funding 2004-05	5% increase	**Base Funding 2005-06**	Base Funding Percent of Awarded Funds	Amount for NW Res Assoc.	**Base Funding Plus Data Collection**	Initial No of Palms	Allowance for Palm Pilots	**Recipient Funds to be Awarded**	Match at 34%	**Recipient Budget Totals**
Clark	55,889	2,794	58,683	6.12%	4,660	63,343	3	375	63,718	21,664	$85,382
Gtr Columbia	46,742	2,337	49,079	5.12%	3,897	52,976	2	250	53,226	18,097	$71,323
King	229,429	11,471	240,901	25.13%	19,130	260,031	11	1,375	261,406	88,878	$350,284
North Sound--Compasshealth	122,622	6,131	128,753	13.43%	10,224	138,978	2	250	139,228	47,337	$186,565
North Sound--Whatcom Psych	40,000	2,000	42,000	4.38%	3,335	45,335	2	250	45,585	15,499	$61,084
Peninsula	45,203	2,260	47,463	4.95%	3,769	51,232	2	250	51,482	17,504	$68,985
Pierce--Comprehensive	126,243	6,312	132,555	13.83%	10,526	143,081	2	250	143,331	48,733	$192,064
Pierce--Greater Lakes	40,000	2,000	42,000	4.38%	3,335	45,335	2	250	45,585	15,499	$61,084
Southwest	40,000	2,000	42,000	4.38%	3,335	45,335	2	250	45,585	15,499	$61,084
Spokane	86,798	4,340	91,138	9.51%	7,237	98,375	3	375	98,750	33,575	$132,325
Thurston Mason	40,000	2,000	42,000	4.38%	3,335	45,335	2	250	45,585	15,499	$61,084
Program to be added 2005-06	0	0	42,000	4.38%	3,335	45,335	2	250	45,585	15,499	$61,084
Totals	$872,924	$43,646	$958,571		$76,121	$1,034,692	35	$4,375	$1,039,067	$353,283	$1,392,349
	(Proof)	$43,646		100.00%	(Proof)	$1,034,692	(Proof)	4,375		(Proof)	$1,392,349
								(Proof)	$1,039,067		

Recipent Awards, Sub-Total			$1,039,067
Recipient Match			$353,283
MHD Admin	$20,000		$20,000
Reserve	$19,933		$19,933
Sub-Total	$39,933		
Match on Reserve		6,777	$6,777
Recipient Awards, Admin, Reserve SUB-TOTAL	$1,039,067		
Match SUB-TOTAL		353,283	
Awards, Admin, Reserve, Match GRAND TOTAL			$1,432,283
		(Proof)	$1,432,283

SUMMARY		
05 Base Funding Awards Sub-total	958,571	
NW Resources 05 costs	76,121	
Palm Equipment Costs	$4,375	
Subtotal PATH awards	1,039,067	
Admin, MHD	20,000	
Reserve	19,933	
Match on Reserve		$6,777
Total	$1,079,000	-
		-
Match required of providers		$353,283
Provider Match Percent of federal award	32.74%	
Match total		$360,060
Match for total CMHS Award	32.74%	
	TOTAL BUDGET	$1,432,283

Assumptions

1. Each current recipient receives a 3% increase
2. Base Funding becomes 42,000
3. Each agency is assessed a participation amount towards the cost of Palm Pilot data collection; the amount of the award is based on percentage of total awarded funds the agency receives, e.g. receive 10% of award, assessed 10% of NW Res. Assoc project costs
4. Each agency is required to contribute non federal funds at 34% of total base award and Palm Pilot Allocation as match; MHD awards one contract to NW Resource Associates; agencies receive service.
5. MHD Admin at $20,000 or 1.9%
6. Reserve of $19,933 to be matched prior to award

Section A
Executive Summary

1. **Organizations to Receive Funds**

The Washington State Department of Social and Health Services, Mental Health Division (MHD) is the State PATH recipient and administers the project statewide. It contracts with local mental health authorities composed of individual or multiple county groups, known as regional support networks (RSNs) to deliver services. The RSNs provide local oversight and sub-contract with local, licensed private, non-profit mental health agencies to provide services directly.

MHD contracts with nine RSNs. All of them contract with at least one mental health agency; three contract with two providers, for a total of 12 provider agencies. Providers are located in large urban as well as in rural areas. Three new providers are contracted this year. One more provider will be contracted elsewhere in the state in the coming year.

2. **Service areas**

The RSNs and providers are as follows.

- Clark RSN--Northwest Mental Health, Vancouver, WA
- Greater Columbia RSN--Central Wa. Comprehensive MH, Yakima, WA
- King RSN--Downtown Emergency Service Center, Seattle, and Valley Cities - Counseling and Consulting, Auburn, WA
- North Sound RSN --Compass Health, Everett, WA and Whatcom County Psychiatric Clinic, Bellingham, WA
- Peninsula RSN—West End Outreach Services, Forks, WA
- Pierce RSN--Comprehensive Mental Health and Metropolitan Development Center, Tacoma, WA and Greater Lakes MHD, Lakewood, WA
- Southwest RSN, Lower Columbia MHC, Longview, WA
- Spokane RSN--Spokane Mental Health and REM, Spokane, WA
- Thurston-Mason RSN—Behavioral Health Resources, Olympia, WA

A map is provided with this application, which displays the location of RSNs and providers. It is located following this Executive Summary.

3. **Services to be Supported by PATH Funds**

Services to be provided include: * outreach; * screening and diagnostic treatment; * habilitation and rehabilitation services; * community mental health; alcohol, drug and co-occurring disorders services; * staff training; * case management; * placement in housing and related services; * referrals for health, training, educational and other supportive services. A list of services, by RSN is provided, after the state map.

4. **Number of Clients to be served**

The total number of people to be served is projected to be 2,835 by the current providers. An undetermined additional number will be served by one new project.

Section B
State-Level Information

1. **State Operational Definitions**

Washington State operational definitions have been shaped in various ways. Federal definitions of homeless, imminent risk, serious mental illness and co-occurring mental illness and substance use disorders are foundations for local practice. In addition, all Washington PATH recipients were involved in a working session to establish working definitions two years ago.

Last calendar year, a representative work group of PATH recipients reviewed definitions and made additional recommendations. The state PATH contact participates on the national PATH Administrative Work group, and guidance has also been taken locally from the work of the national group.

The following definitions are consistent with federal definitions.

A. Homeless means an individual who:
   - lacks fixed, regular and adequate night time residence, or
   - has a primary night time residence that is:
     - a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
     - an institution that provides a temporary residence for individuals; or
     - a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

B. Imminent risk of becoming homeless is defined as "at risk of becoming homeless", and includes individuals (with a serious mental illness or co-occurring substance use disorder) or families (with an immediate family member who has a serious mental illness) who have a recent history of homelessness. The individual is or family are currently "doubled up" or are otherwise temporarily and/or inadequately housed in a residence that is not their own. The person may also be living in inadequate housing or may be at risk of becoming homeless in the near future. A homeless person is also someone who is being discharged from a health care or criminal justice facility without a place to live.

C. Serious mental illness means an adult (age 18 or over) individual with a diagnosable and persistent mental or emotional impairment that seriously limits the person's major life activities and/or ability to live independently. For purposes of outreach and engagement, the individual may exhibit symptoms of serious mental illness.

D. Co-occurring serious mental illness and substance abuse disorders involve individuals who have at least one serious mental illness and a substance use disorder. The mental disorder and substance use disorder can be diagnosed independently of one another.

2. **Number Of Homeless Mentally Ill By Region**

There are fourteen local mental health authorities in Washington State. The RSNs are composed of individual or multiple counties that operate through inter-local agreement, with one county serving as the administrator.

In late 2003, the Washington State Mental Health Division (MHD) completed an update of a statewide prevalence study originally conducted in 1998. A criticism of the original study is that it did not adequately project the prevalence of literally homeless or institutionalized adults. The revised study focused significant attention on homeless mentally ill.

The estimates of prevalence of mental illness among homeless populations involved several efforts. A literature review was conducted. The rates of projected prevalence varied widely, as much as 50 percent by some reports. The final estimate used for the current study was 35 percent.

The final methodology of the prevalence study of homeless, mentally ill people in Washington included a combination of estimation factors based on population, key information surveys and literature review. Appendix B of this application provides results of the final estimates of prevalence of homeless, mentally individuals by county and by RSN grouping.

Local counts of homeless individuals varied widely as well. One-night counts, which are conducted in virtually all areas of the state, previously were not conducted consistently in all areas. Beginning in January 2005, virtually all counties in the state began conducting one night counts. Initial results are becoming available; however the data is still under review.

The RSNs with the highest estimated numbers and percentages of homeless mentally ill are listed in the table below.

The MHD has endeavored to be consistent with Center for Mental Health Services (CMHS) guidelines to provide services where there is greatest need. Last year's application projected to start three new projects. The state PATH contact communicated with all RSNs in an open application process that was initiated last Fall. Award priority was given to areas of the state without PATH projects.

There are three new projects that will have contract start dates of April 1. The first is located in North Sound RSN in a county that did not have PATH services. The second is in Southwest RSN, which had no services previously. The third new project is in Pierce County RSN, the second most populous county of the state. That area had one PATH project but had limitations in reaching parts of the RSN.

All new projects are consistent with the order of need by percentage of RSN population who are homeless and by total Estimated Number of Homeless Persons, as established by the 2003 Mental Health Division Prevalence Study. Of the three RSNs that might have followed by order of need and number, two did not apply, and one, which had a PATH project, withdrew from delivering PATH services in the Federal Fiscal 2003 award year.

STATE OF WASHINGTON 2003
Final Homelessness Mental Illness Estimates by RSN

RSN	Estimated Number of Homeless Persons	# Homeless SMI Using 35% Estimate	Total Pop (2000 Census)	% Homeless SMI to Population	PATH Funding
Spokane	3,699	1,295	417,939	0.310	Yes
King	7,980	2,793	1,737,034	0.161	Yes
Pierce	2,698	944	700,820	0.135	Yes
Clark	1,071	375	345,238	0.109	Yes
Peninsula	1,001	350	322,447	0.109	Yes
Greater Columbia	1,711	599	599,730	0.100	Yes
North Sound	2,711	949	961,452	0.099	Yes
Thurston-Mason	724	253	256,760	0.099	Yes
North Central	369	129	130,690	0.099	DNA
Chelan-Douglas	280	98	99,219	0.099	DNA

Timberlands	263	92	93,408	0.099	Withdrew
Southwest	262	92	92,948	0.099	Yes
Northeast	195	68	69,242	0.099	DNA
Grays Harbor	189	66	67,194	0.099	DNA
State Totals	23,154	8,104	5,894,121	0.137	

DNA--Did not apply

For a graphic display of PATH project locations, please refer to the state map that displays RSNs and project locations. The display is located in this application following the State Level Information narrative.

The reader is also referred to additional details of homeless prevalence by RSN and by county in Appendix B.

3. **PATH Allocations**

a. Under current state law, MHD contracts with RSNs for delivery of crisis, inpatient and outpatient mental health services. RSNs sub-contract with licensed community mental health agencies for direct delivery of services. The MHD requires that PATH awards be contracted to RSNs.

This arrangement provides for consistency in contracting procedures. RSNs, already responsible for monitoring sub-contracted provider agencies, assign an RSN PATH contact to provide local contact and monitoring. Applications for funds are submitted through RSNs, although provider agencies contribute to the process by contributing information about capacity and intent.

MHD also requires RSNs to sub-contract with licensed community mental health agencies for PATH services. This requirement provides for a "ready made" supportive environment of mental health consultation and adjacent services for PATH outreach workers to access on behalf of their clientele. It also promotes the transition of a person from PATH enrollment to enrollment in the local mental health system of care.

At the beginning of the 2003 FFY award year, which began July 1, 2003, PATH projects were located in eight RSNs. A minimum funding base was established for the first time at $30,000 per project plus costs of palm pilot data collection services and equipment.

One RSN elected to forfeit a project voluntarily in Spring 2004. A new project was established through an open application process in an RSN that previously had no PATH services as of April 2004. At the beginning of the current award year, July 1, 2004, there were nine projects in eight RSNs.

In the current award year, existing PATH projects received a 5 percent increase for the second year in a row. Sufficient funds remained from current year allocations to provide for another open application process to establish three new projects. The minimum funding base was raised to $40,000 plus data collection service and equipment costs for the current award year.

In late November 2004, MHD sent an announcement to all RSNs to advise them of an open application process for PATH projects. The application process mirrored the process required of PATH recipients for the annual CMHS Request for Application process. Applicants were required to submit a cover letter, an Intended Use Plan, budget with match and a budget narrative.

A panel of three people considered four applications that were submitted. The panel was made up of an administrator for the state Department of Corrections with responsibility for community placements and oversight, a special assistant for housing services to the Secretary (Director) of the state Department of Social and Health Services and is a member of the Balance of State Continuum of Care Committee; and, the third person is the state PATH contact. As a result, three new PATH projects will begin operations on April 1, 2005.

Funds were awarded to recipients in Bellingham which is the largest city nearest to Canada in the Northwest. Another project was awarded to Pierce County, the second most populous county in the state, in Lakewood. Lakewood is the second largest city in Pierce County but had no PATH project previously. The third project is located in one of the areas of the state with high rates of unemployment and other challenging socio-economic conditions, Longview in Southwest RSN. This RSN received facilitated planning from a well established housing development organization last summer, sponsored by federal block grant funds through the MHD.

For the coming award year, beginning July 1, 2005, PATH recipients will receive an additional 5 percent increase. This will set the minimum funding base at $42,000. The minimum award to any PATH project, including support for Palm Pilot data collection services and equipment will be $45,585. Match of 34 percent of projects funds is required.

There are sufficient funds remaining in the Washington State FFY 2005 budget to provide for establishment of one additional project to be established. By April 1, 2006, there should be 13 PATH projects statewide.

As noted in the previous section of this application, awards are consistent with the percentage and number of homeless people in each RSN, which serve as measures of greatest need.

No faith based organizations applied through RSNs for PATH funds.

b. RSNs were asked to complete an IUP. The IUP structure was taken verbatim from last year's federal annual application process. That IUP asked applicants to indicate whether and how they might demonstrate effectiveness in serving homeless veterans.

Four applications were received in the current year's application process. Each of the applicants addressed service to veterans in the indicated section. Three of the applications were considered responsive. The fourth did not receive an award.

4. **Services and State Comprehensive Mental Health Plan**

The Washington State comprehensive mental health plan is developed and guided by the State Mental Health Planning and Advisory Council (MHPAC). It is revised on a regular basis, and use of federal block funds are planned annually.

The state PATH contact and the state MHD administrator of the federal block grant funded comprehensive mental health plan collaborated to assure that there is consistency between the two programs. The MHPAC guides the development of the state plan has member representation from people who are homeless consumers and advocates.

The state PATH contact coordinates with the MHD federal block grants administrator and MHPAC in the use of PATH and federal block grant funds. He is a member of the Balance of State Continuum of Care Committee and coordinates service planning with that committee.

5. **Use of Mental Health Block Grant Funds**

During the last two years, federal block grant funds have been used to develop a comprehensive directory that includes information on housing and related services. The directory was widely distributed and continues to be available electronically and in hard copy. Federal block grant funds also were used to conduct training in Spokane and in Tacoma for mental health, substance abuse, housing and other allied agencies in planning and development of housing services.

For the past two years, facilitated planning sessions have been sponsored with federal block grant funds. Common Ground, a well established private, non-profit housing specialty agency with offices in Seattle and Spokane, has conducted facilitated planning in RSNs designated by the state PATH contact. RSNs are offered assistance in determining local housing needs for homeless mentally ill individuals and others, in projecting additional needed capacity and in identifying strategies to reach the capacity.

RSNs receive the planning with the understanding that they will conduct organizing activities. A condition of receipt of this service is that RSNs are asked to invite housing, substance use service providers, law enforcement and others to the planning table.

Prior to the planning session, the organizers and participants are provided with preliminary information by the facilitator. During the planning day, they are assisted to identify local needs and to coordinate efforts to address them. A written summary of the day's events and agreements follows soon after. Recommendations are part of the summary. Follow up consultation has been available by telephone.

One RSN that received planning assistance established a PATH project in the previous award year. Another will begin a PATH project this year. A third RSN, which was previously a PATH recipient, forfeited the project but has received a sizable grant that has enabled them to begin to develop and operate housing dedicated to serving mentally ill people in that part of the state.

In the current year, two more facilitated planning sessions are scheduled to be provided in two areas of the state that have not had benefit of that assistance previously.

Funds will also be used to support the annual Washington State Coalition for the Homeless state conference in May 2005. PATH recipients will be provided with financial assistance to support their attendance at the conference.

This year Washington and Oregon requested and received technical assistance through a CMHS sponsored consulting firm, Policy Research Associates. The training will focus on application for Social Security benefits. Nationally there is an extremely high rate of denial (approximately 65 percent to 85 percent) for first time applications for Social Security disability benefits.

The training will be a three day session in two parts. The first part is directed to PATH outreach workers and others with responsibility to interview potential beneficiaries. The purpose will be to orient direct service workers to SSI and SSDI application processes and procedures. The lead trainer directs a project that has reversed the percentage of denials at her agency resulting in approximately an 85 percent success rate on first time applications. She is highly skilled at interviewing individuals who may not be good historians or may not understand application procedures. She will teach participants methods of eliciting relevant information from potential beneficiaries and in "translating" that information onto application forms.

Oregon and Washington will receive the same training in separate sessions on two consecutive days. From Washington, approximately 45 people will participate. All PATH providers will receive sponsorship from federal block funds for travel, lodging and training session costs. Each PATH project will bring a lead direct service worker and a PATH project manager. This will promote

dissemination of information among other PATH workers and other mental health agency staff, as well as others who provide mental health and housing services in local communities.

In addition to PATH project staff, MHD is also sponsoring participation for financial service workers from key Department of Social and Health Services (DSHS) Community Service Offices (CSOs) or public assistance offices. They, too, gather and submit application information from or on behalf of PATH clients. State hospital staff, from financial benefits offices, are also being sponsored to attend. Staff from the state Department of Corrections Dangerous Mentally Ill Offenders office will also participate. They have responsibility for establishing eligibility for benefits for mentally ill individuals who are homeless by virtue of being in an institution.

The third day will be a joint training day. The main audience will be managers, administrators and systems level participants in the presumptive disability eligibility application process. The national consultants will provide information about what is being done in other parts of the country to promote efficiencies in application processes. Washington and Oregon will deliver brief presentations on initial efforts to streamline systems in their respective states.

Each state will break into discussion and planning groups. They will be assisted in formulating local strategies to implement lessons from the training. The two groups will reconvene at the end of the day to share results of their respective efforts. This activity is intended to promote thinking among both groups about where efficiencies can be gained.

Washington has invited PATH managers to stay for the second day of training. RSN PATH contacts are also invited to participate. In addition, state hospital medical records staff, have been invited. They often are asked to provide documentation of hospital stays and other confirmation of disability materials, upon receipt of release of information from PATH clients. Their participation is projected to improve the accuracy and efficiency in documenting and confirming disabilities.

CSO management and administrative staff have agreed to attend. Disability Determination Services, housed at DSHS but under contract from the Social Security Administration (SSA) to process disability applications, will also be in attendance. Key staff of the SSA also is expected to lend their expertise to the process.

This innovative and collaborative training is essential to assisting PATH participants to gain benefits for which they are eligible and for which they are not likely to be able to negotiate independently. This training is especially critical and timely in Washington State, which is at the onset of a change in policy from the Centers for Medicare and Medicaid Services (CMS). The Washington Medicaid waiver authorized by CMS now allows for only Medicaid recipients with demonstrated need to receive approved services through Medicaid funds.

6. **Programmatic and Financial Oversight of PATH Providers**

In Washington State, contracts are awarded to local mental health authorities, RSNs, who sub-contract with local, state licensed mental health agencies to deliver services directly. This affords an additional, local level of monitoring that would be difficult to achieve from the state level. It does, admittedly, present challenges with respect to consistency in understanding state and federal PATH philosophy and promoting that at the federal and state level. It also adds complexity to the State's response to the annual application for PATH funds. What this arrangement brings to the equation ultimately is increased involvement and connection to the larger mental health system at the source of service delivery. Finally this arrangement brings a greater level of expertise in administering funds while promoting local accountability in the process. The state PATH contact has held annual winter meetings each year since his assignment to the project. PATH recipients, who are RSN PATH contacts and project managers from each PATH project, attend the meetings as a priority. In addition to preparing for the annual PATH application, other business is conducted. During the first two years,

recipients requested additional meetings. The purpose of the meetings has been to establish consistency in systems level operations.

An additional benefit of working through RSNs is the opportunity to make PATH services more visible and to be a part of local continuum of mental health service systems. The state PATH contact has worked informally with RSN PATH contacts to emphasize the fact that PATH services have not historically been well recognized as part of the RSN service array. They have been advised and encouraged to promote a change in this past circumstance.

Additional meetings are not currently scheduled. There is, however a joint training session with Oregon scheduled for the end of March. The purpose is to promote understanding of requirements and to increase the success rate among first time applications for Social Security Disability and related benefits.

In Summer 2004, Washington was one of approximately eight states nationally that received CMHS sponsored site reviews. The CMHS project officer for Washington State and two national consultants conducted a three day on-site review of state and local PATH recipient operations. They also conducted a desk audit of materials that they requested and received prior to the visit.

Their report indicated that the state PATH contact needs to reinforce implementation of standardized service definitions which had been developed in a meeting with PATH recipients in Winter 2003. In the area of Active Management and Oversight of the Program, the report noted that the state PATH contact, "has an even-handed, logical, supportive approach to RSNs, providers and state partners, and the results are excellent. Providers are involved actively in workgroups concerned with various management and operation issues. Hank holds regular meetings and provides active leadership, with the result that providers and RSNs see PATH as a tool for helping to end homelessness in communities."

At the Winter 2004 PATH Recipients meeting, the state PATH contact broached the subject of development of an on-site review process. Recipients recommended that a peer review process be developed. A commitment was made to begin that process. A master's level social work intern was enlisted to assist in the development of that project. Due to extenuating circumstances, she was unable to continue her placement. An internal staff person was assigned to the project some weeks later. Progress continues at an altered albeit slower rate.

On October 1, 2003, all PATH providers in the state were asked to begin collecting and submitting data on services to PATH clients through use of handheld personal digital assistant devices or palm pilots. In December 2004, the Washington annual data report was submitted to CMHS through Policy Research Associates based on client services from the palm pilot data collection project.

As might be expected, results from the original year were mixed. It appears that some variation in data from previous years occurred as a result of a "learning curve". Significant delays in implementation were experienced at one agency in particular. Extraordinary measures were taken to assure their participation is consistent with other providers from around the state.

PATH recipients, the data collection agency and the state PATH contact have all learned a great deal from monitoring services using this technology. It appears that there is more accurate data and better consistency in reporting now than when data was collected and reported through manual processes. Data reporting accuracy continues to improve. Results will begin to be distributed among all recipients to assist them in understanding and analyzing service results at their own agencies and among their peers.

Already it is known that one provider has higher rates of service reporting than its counterparts around the state. It remains to be determined more clearly whether this effect is a result of variance in understanding of definitions and reporting procedures or perhaps a product of the approach to services that the agency maintains. It appears that their services are geared to provide intense but short term

interventions. Another project has virtually the opposite service results and has fewer clients served but a higher number of contacts. This program is known to focus on ongoing services rather than on high rates of outreach.

A project that started last year and that is located in a rural part of the state designated a "frontier" area, initially had lower numbers of individuals served. While this may be attributed to "start up" activities in the first year, it can reasonably be expected that the number served will continue to be fewer at that agency than its counterparts around the state who are less isolated and who may have fewer challenges seeking out and engaging homeless mentally ill individuals. In any of these cases, it is clear that the Palm Pilot data project will provide a greater level of sophistication in analyzing data than previously was available.

The state PATH contact has taken a broad approach of providing adequate information to RSN PATH contacts and to PATH program managers in order for them to understand clearly the expectations and guidelines for operating PATH programs from federal and state authorities. He relies on the body of expertise among PATH recipients to inform and guide systems development, analysis and corrections to statewide project progress. This process has resulted in generally acceptable levels of program management accountability and in the investment of RSN and local PATH recipient agencies to contribute to the success of the project.

In Federal Fiscal Years 2001 and 2002, Washington returned a significant amount of PATH funds as a result of failure to obligate funds timely. In the last two years, provisions have been put in place to monitor funds regularly. The local award cycle has been changed from a July start date to an October start. This has resulted in timely processing of contracts and a greater predictability to the PATH cycle of events.

The MHD fiscal section provides quarterly statements to the state PATH contact, who monitors progress of claims for reimbursement and contacts individual RSNs if claims are not submitted timely. Contract terms have been revised to provide greater specificity in documentation of match and placed responsibility on RSNs and their providers to maintain proper supporting information for non-federal sources of match.

7. **State Level Training**

Washington State historically has not directly funded training for local PATH funded staff from its PATH allocations. This year, Washington and Oregon jointly applied for technical assistance funds to conduct training for PATH direct service and management staff, RSN PATH contacts and others. Detailed information about the training has been provided in Section 5 of this application.

Federal technical assistance funds will be used to support the costs of bringing national trainers to the northwest. Federal block grant funds will be used to support participation by PATH recipients and others to attend the training.

An underlying premise of state level PATH operations is that it is highly important for PATH recipients to maintain regular communication with partners including representatives from housing, substance use, law enforcement, continuum of care and other allied partners. Opportunities are sought to promote continued development of partnerships. One such opportunity is the annual Washington State Coalition for the Homeless Conference. A wide range of people engaged in serving homeless individuals and families and committed to ending chronic homelessness are always in attendance. Federal block grant funds will be used to support attendance by PATH recipients at this year's conference.

The palm pilot data collection service, Northwest Resource Associates (NWRA), is integral to the management of reporting and analyzing service data. They are also instrumental in provision of training and support to PATH provider agencies. Annually they visit each provider as part of their

contractual requirements with MHD. They train outreach workers to use palm pilot devices or to use revised and simplified reporting process via the devices.

NWRA also trains PATH provider agency management information staff to download information from palms pilots, store it on agency desktop computers, encrypt the data, and transmit it to NWRA. They receive data by the tenth day of the month and provide information to providers by the twentieth day to allow PATH agencies to conduct basic reporting accuracy tests. At the end of each quarter, they provide comprehensive client aggregated data, consistent with the reporting categories required in the annual CMHS data report through PRA. This affords more detailed accuracy checks of data submission and promotes quarterly fidelity to annual report processes.

The monthly and quarterly reports from NWRA provide regular feedback to agencies. The reports assist the state PATH contact and NWRA to target individualized feedback to agencies that may be experiencing variances in reporting or difficulties on their report processes. NWRA provides training at agencies when there is turnover in direct service, management information or management staff. (They provide, on request, technical assistance frequently to provider agencies.) Technical assistance is offered when potential systems inconsistencies are observed.

The state PATH contact meets monthly with the lead staff to the PATH data collection project at NWRA and communicates frequently through telephone calls and e-mail. He receives and reviews client data reports statewide and by individual agency and discusses them with the NWRA lead staff to promote continued development in his own level of proficiency in use of management information data.

8. **Source of Non-Federal Match**

RSNs and provider agencies are required by contract with MHD to be responsible for match of non-federal funds commensurate with the level of PATH funds received. The contract requires a minimum of one non-federal dollar for every three federal dollars.

The Washington State MHD requires RSNs and PATH recipients to match three types of PATH funds available to them: base award, palm pilot data collection and palm pilot equipment. Their share of support for NWRA data collection services is based on the percentage of available PATH funds the RSN or agency receives. If an agency receives 10 percent of PATH funds, they are expected to contribute 10 percent of the cost of NWRA's services.

At the beginning of the annual federal PATH application for funds process, RSNs are informed of the base amount of PATH funds that are to be awarded, the amount to be contributed for NWRA services and the amount to be budgeted for palm equipment. MHD calculates a required match amount based on 34 percent of the total PATH funds to be awarded.

In contract, RSNs and provider agencies remain responsible to match 34 percent of their total award. In practice, however, the cost for NWRA is contracted by MHD in total to that agency in order to reduce administrative burden for all concerned.

The method and source of match varies by RSN. In general there are three potential arrangements for match:

1. The RSN may assume the responsibility for match and may do so from non-federal dollars available at that level.
2. The RSN may pass the match responsibility to the sub-contractor. The sub-contractors often contribute in-kind match in the form of administrative, facilities and other types of support.
3. The RSN and the sub-contractor may share responsibility for match.

The source of non-federal match varies by RSN. For example, one RSN provides in cash funding to one of two PATH providers. The amount of non-federal dollars expended entirely on personnel is sufficient to meet the federal requirement for match for both agencies in one line item category. Neither contractor is responsible to contribute match, even though the federal requirement is clearly met.

Other RSNs do not contribute any match, relying entirely upon their sub-contracted agency for the responsibility. Agencies depend on a variety of in-kind sources to satisfy the match requisite. Larger agencies that have the scale to support a grant writer will have the benefit of other contributors to their operations to satisfy match. A smaller agency will be operating a "free" mental health clinic, which will serve as an extension of their PATH and other agency mental health services. The in-kind takes the form of health care and mental health treatment from volunteers to PATH clients.

Non-federal match will be available at the beginning of the award year. Each cover letter submitted by an RSN contains a statement confirming this.

Each RSN has provided a local budget sheet (SF 424A) and a budget narrative that displays additional detail to support the fact that match requirements are met. The SF 424A itemized match to be contributed is listed by line item.

MHD does not require RSNs to submit detailed line item match information on monthly or quarterly claims for reimbursement. It does require them to maintain sufficient supporting documentation on file to demonstrate source and amounts of match contributed at that level of detail if requested.

RSNs are required to submit the total amount of match contributed each time a claim for reimbursement of PATH funds is requested. The amount of match is monitored, and authorization for payment is granted only after the proper contribution has been verified.

9. **Process for Public Notice of Proposed Use of PATH Funds**

Each of the RSNs has addressed this part of the application in their individual IUPs. While there is some variation in the methods by which the RSNs conduct their process for public notice of use of PATH funds, they all have a process. It generally involves provision of information about PATH to RSN and local advisory boards about PATH operations and invitations to contribute to them. Readers of this application are invited to review individual IUPs, which follow in Section C of this application, for further details.

Some agencies take a direct approach and hold regular communication with homeless consumers and incorporate their opinions and suggested approaches into their operations. Interestingly, the newest PATH provider, which has held a contract only since April 2004, has what is the most well documented involvement of consumers in their operations.

Public notice of use of PATH funds at the state level is ongoing, although it may be considered indirect. The state PATH contact has established ties and working relationships with housing and other homeless service providers. For example, he participated in the Balance of State Continuum of Care Committee as a regular member. He established connections with the state housing coalition via participation in their annual conference and direct communication with the director and officers of the coalition. He participated in the local policy academy member meetings and attended the most recent academy training, conducted in late April.

These efforts have afforded an opportunity to do three things. Closer working relationships and coordination have been established. The state PATH contact has had an opportunity to contribute to policy formulation. In turn, he has had an opportunity to receive policy input from major partners at the administrative level.

10. **Mental Health Transformation Goals**

The Washington State MHD regularly develops and revises a strategic plan. The plan is developed in communication with the MHPAC and its sub-committees as well as other stakeholders. The plan is currently in the process of revision.

The PATH project also strives to incorporate the President's New Freedom Commission Transformation Goals within its operations as noted in the following paragraphs. It is important to consider that the target service population of PATH grants may not neatly and completely fit all of the Commission's goals. The New Freedom Commission Report is a large and encompassing document. To the extent feasible and with consideration for the special needs of PATH clients, the Washington PATH project is promoting Mental Health Transformation.

PATH recipients and direct service providers understand that "Mental Health is Essential to Overall Health." They also understand that physical health is critical to establishing and maintaining mental health stability. PATH consumers of service often have not had recent access to health care. A client may be more willing to accept a physical health examination or treatment for a condition that is troubling him or her than to address mental health care needs.

PATH providers strive to assist consumers to gain access to physical health checks and care for existing health conditions as part of their engagement activities. In the process, they also work to assist PATH clients to consider and accept mental health treatment services.

One PATH project in particular has established a free clinic as part of its mental health agency operations. The clinic provides basic health care and early interventions. It also provides mental health counseling. The service is supported by volunteer staff. In addition to PATH clients, others who need care from mental health and health care providers is available at no cost to them.

Many PATH consumers are not closely connected to their families. They often have been on the streets and in other less than ideal living situations, largely as a result of being separated from their families. As a result, the emphasis at PATH projects is on consumers as it relates to the Commission's goal of "Mental Health Care is Consumer and Family Driven."

Outreach and engagement is conducted with individuals repeatedly until the individual may be ready to accept basic survival supports, followed by acceptance of housing, mental health and other related care. The outreach plan is driven by the level of need and trust that is unique to the person. When a PATH worker begins to formulate a service plan, the consumer is asked about their interests, goals and strengths. The consumer's interests, as well as health and safety needs, are the focus of the service plan.

A theme of recovery has been a tenet of the state mental health system for several years, even prior to the advent of the New Freedom Commission's Report. PATH workers are cognizant of the recovery movement and strive to encourage all PATH enrolled consumers to continue to receive ongoing mental health services through the local mental health system of care as soon as they are able to facilitate the transition.

In the meantime, PATH workers are also cognizant of the fact that recovery usually comes in stages. A step in the direction of recovery by a PATH client, however small, may be highly significant for that particular individual. PATH workers provide support and encouragement in accordance with the unique characteristics of each person they serve.

Many of the current PATH workers are mainstream practitioners. Nonetheless, all of the PATH projects still work to assure that, "Disparities in Mental Health Services are Eliminated." Providers are becoming more proficient in identifying and engaging racial/ethnic minority individuals and groups. When they do engage them, they look to internal specialized staff capacity to understand and address

the unique needs of those groups. In the alternative, they turn to Minority Mental Health Specialist consultants to guide their interventions.

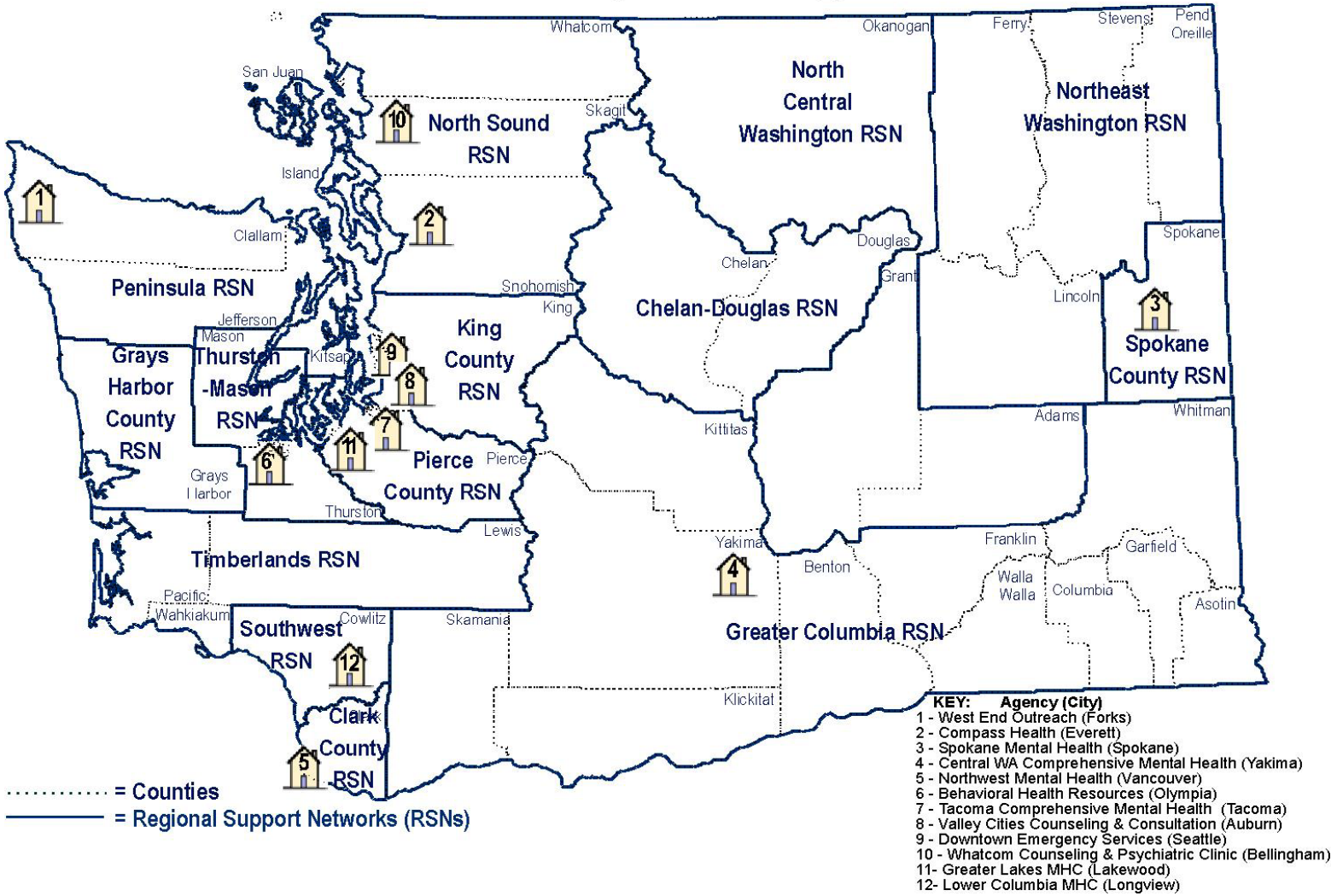
PATH projects are becoming more adept at using local data and service counts to understand where improvements in addressing disparities are needed. As the projects become more skilled at reporting and analysis of service data, the data will be used as a base of service to be compared to local demographic information. The state PATH contact will work to assure that there is comparable access and comparable results of service by various groups and populations in partnership with PATH recipients at RSN and provider levels.

Finally, the Washington PATH project is proud to state that it embraces technology and that "Technology is Used to Access Mental Health Care and Information." Each of the PATH workers across the state has a responsibility to carry a palm pilot digital device and to report client services each time they are delivered. This use of technology is relatively unique among PATH projects. Many of the PATH workers also carry cellular telephones as basic means of communication and to support their own health and safety.

The results of use of the palm pilots are remarkable in that they are leading to the ability to more accurate counts of services delivered and the associated analysis of results from them. In the foreseeable future, agency specific and state level data will be distributed across PATH projects. This will facilitate a process of examination by which individual agencies may compare their service delivery patterns to state levels and to their individual peers across the state. In turn, this level of analysis should lead to group recommendations for adoption of service delivery standards such as a range of how many clients should be served for amount of money received or average number of PATH consumers who received outreach services being transitioned into PATH enrollment or even into mainstream mental health services.

Washington State

PATH Providers by RSNs - 2004 Application



KEY: Agency (City)

1 - West End Outreach (Forks)
2 - Compass Health (Everett)
3 - Spokane Mental Health (Spokane)
4 - Central WA Comprehensive Mental Health (Yakima)
5 - Northwest Mental Health (Vancouver)
6 - Behavioral Health Resources (Olympia)
7 - Tacoma Comprehensive Mental Health (Tacoma)
8 - Valley Cities Counseling & Consultation (Auburn)
9 - Downtown Emergency Services (Seattle)
10 - Whatcom Counseling & Psychiatric Clinic (Bellingham)
11- Greater Lakes MHC (Lakewood)
12- Lower Columbia MHC (Longview)

Washington State 2005 PATH Application
Summary of Providers, Awards and Services

Provider	Provider Agencies	Amount of PATH Funds	Project No. of Clients	Services to be Provided	Percent of Literally Homeless to be Served
Clark RSN, serving Clark County	Mental Health Northwest, Vancouver, Washington	$63,718	300	1,2,3,4,5,7,9,10	50%
Greater Columbia RSN, serving Yakima County	Central Washington Comprehensive MH	$53,226	150	1,2,3,4,5,7,9	75%
King County RSN, serving King County	Downtown Emergency Service Center Valley Cities Counseling and Consultation, Auburn, Washington	$19,130 RSN $116,788 DESC $125,488 VCCC	445 130	1,2,3,4,5,6,7,9,10 1,2,3,4,5,3,7,9,10	95% 30%
North Sound RSN, Serving Snohomish and Whatcom Counties	CompassHealth, Everett and Whatcom County Psychiatric Clinic, Bellingham	$139,228 $45,585	500 100	1,2,3,4,5,6,7,8,9,10 1,2,3,4,5,6,7,8,9,10	80%
Peninsula RSN, Serving western Clallam and Jefferson Counties	West End Outreach Service	$51,482	60	1,2,4,7,8,9	75%
Pierce County RSN, serving Pierce County	Comprehensive MHC, Tacoma and Greater Lakes MHC, Lakewood	$143,331 $45,585	360 120	1,2,3,4,5,6,7,9 1,2,3,4,5,6,7,9	60% 75%
Southwest RSN, serving Cowlitz County	Lower Columbia MHC, Longview	$45,585	120	1,2,3,4,5,6,7,8,9,10	80%
Spokane County RSN, serving Spokane County	Spokane MHC, Spokane	$98,750	400	1,2,4,5,6,7,9	95%
Thurston-Mason, RSN, serving Thurston County	Behavioral Health Resources, Tumwater	$45,585	150	1,2,3,4,5,6,7,8,9,10	75%
One new RSN and Provider to be contracted. Region served to be determined	To be identified	$45,585	To be determined	To be determined	To be determined
Northwest Resource Associates for Palm Pilot data collection management	Supporting all provider agencies and informing all RSNs and the Mental Health Division	($76,121) *		N/A	N/A
Administrative costs and reserves		$39,933			
	Total	$1,079,000			

1-Outreach, **2**-Screening, diagnosis; **3**-Habilitation and Rehab; **4**-Community MH; **5**-Alcohol or drug treatment; **6**-Staff training; **7**-Case management; **8**-Supportive, supervisory services; **9**-Referrals for primary health, job training, educational services and housing services **10**-Housing Services

* The allocation to NW Resource Associates is distributed in individual allocations to RSNs, is not included in the total amount of PATH funds.

CLARK COUNTY
WASHINGTON
proud past, promising future

Department of Community Services
Behavioral Health Services

February 23, 2005

C.H. Hank Balderrama
Mental Health Division
PO Box 45320 Mail Stop 45320
Olympia, WA 98504-5320

Re: PATH Grant Application Materials

Dear Hank:

Enclosed please find the following Clark County Regional Support Network (CCRSN) grant application materials being submitted to you as part of the Projects for Assistance in Transition from Homelessness (PATH) Grant Application for Fiscal Year 2005/2006.

- Cover Letter
- CCRSN Intended Use Plan
- PATH Budget Narrative
- SF 424

The Clark County Regional Support Network anticipates that local funds are currently available to match the federal funds up to the required amount of $21,664 under the terms of the 1-3 match requirement of the grant. The CCRSN has a long history of collaboration and innovation and is eager to continue to be one of the PATH providers.

Should you have any further questions, please do not hesitate to contact me at (360) 397-2130 Ext. 7838.

Sincerely,

Connie Mom-Chhing, MPA
CCRSN PATH Project Coordinator

cc: Jonnie Hyde
Ron Curtin
Midge Burmaster
Brad Alberts

1610 "C" Street, Suite 201 • P.O. Box 5000 • Vancouver, WA 98666-5000 • tel: [360] 397-2130 • fax: [360] 397-6028 • www.clark.wa.gov/commserv

Section C: Local Provider Intended Use Plans

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1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

   The Clark County Regional Support Network (CCRSN) is now in its eleventh year of operation as a Pre-Paid Inpatient Health Plan (PIHP). CCRSN coordinates the publicly funded mental health services. Through contracts with local community mental health centers, they provide a full range of services including emergency/crisis intervention, outpatient, and inpatient services, designed from a recovery-oriented perspective, to all Medicaid eligible persons living in Clark County. The CCRSN monitors provider agencies' adherence to federal, state, and local regulations and requirements. A community Mental Health Advisory Board assists the RSN staff in defining the services and monitoring overall the quality.

   The CCRSN has established full partnerships with consumers, families and providers to develop an accessible, flexible and comprehensive mental health system that supports recovery for all children, adults and older adults. The mission of the CCRSN is to promote mental health and ensure that residents of the Clark County Region, who experience a mental illness during their lifetime, receive treatment and services so that they can recover, achieve their personal goals and live, work, and participate in their community.

   CCRSN will receive the funds, and the services will be provided through a contract with Mental Health Northwest (MHNW), a private, nonprofit agency that opened in 1998 as a program of PeaceHealth, then incorporated as its own non-profit in 2002. MHNW has been a member of the HUD Continuum of Care (COC) in this county since 1999, and has been a recipient of HUD COC funding for three years for a program to house chronic inebriates. MHNW operates a licensed community mental health center, a licensed intensive outpatient chemical dependency treatment program, and a free mental health clinic for non-Medicaid, uninsured, low-income consumers. In 2005 it will also be acquiring two facilities to provide transitional housing to individuals with psychiatric disabilities. The agency serves residents of Clark County, Washington, and has received two prior PATH grants.

2. Indicate the amount of federal PATH funds the organization will receive.

   CCRSN anticipates receiving $58,683 per the attached budget.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

   a. The projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter) rather than at imminent risk of homelessness.

      As the budget again allows for the dedication of one FTE to this program, we anticipate that the numbers served should be roughly equivalent to last year. However, the shift of the guiding principles of PATH is toward serving people who are literally homeless, versus at risk, means we will place greater emphasis on outreach to those individuals. As in the year preceding, we project that the program will make contact with and attempt to engage over 300 individuals in 2005-2006; however, we will begin to increase our ratio of services to include a higher percentage of "literally homeless" individuals (50% rather than a 27% target in the previous year) and 50% at imminent risk of homelessness.

b. List services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

In this budget year, the PATH worker will continue to provide a range of services including outreach, screening, case management, housing services and referrals. In addition, the recent development of MHNW's Wellness Project will make it possible to link low income PATH clients with free psychiatric and mental health treatment services that they would otherwise be unable to access. We will also be able to assist homeless individuals who have a mental illness and who are not Medicaid eligible with assistance in one or more of the following:

- Outreach services to homeless individuals at social service agencies, shelters and on the streets;
- Screening to determine PATH eligibility in terms of diagnosis and treatment needs;
- Community mental health
- Alcohol and drug treatment
- Case management to develop case plans collaboratively with the PATH client, to obtain community services to including evaluation, treatment, referrals for and facilitation of applications for benefits, accessing primary health care, accessing housing, etc. The PATH case manager will assist clients in accessing needed services, coordinating care, and providing follow-up.
- Referrals for primary health, job traiing, educational and housing services
- Housing services will include the provision of security deposits to assist clients in moving from being "literally homeless" into being housed.

c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

PATH eligible clients are currently served primarily by the homeless shelter system, community or faith-based charities, and for medical care the SeaMar Community Health Center, the Free Clinic of Southwest Washington and Southwest Washington Medical Center. The MHNW PATH worker will work closely with all of these organizations to assist homeless individuals in ensuring that PATH clients get help in obtaining all of the services for which he/she qualifies.

In addition, the PATH worker will obtain referrals from, makes referrals to, and work collaboratively with organizations that are not supported by PATH funds directly, but that do provide services and housing or other resources that can be accessed by PATH-eligible clients. Specifically, MHNW's PATH program has established close working partnerships with:

- Transitional housing and shelter programs such as Clark County's public and private adult and youth shelter system, YWCA Housing, and Youth in Transition Program,
- Veterans programs such as the American Legion,
- Resource assistance programs such as the Salvation Army and area faith-based programs such as Open House Ministries, as well as the Department of Social and Health Services,

- Mental treatment programs such as MHNW, Columbia River Mental Health Services and The Wellness Project; chemical dependency programs such as Northwest Recovery Center and Community Drug and Alcohol Center, primary care medical clinics such as SeaMar and the Free Clinic of Southwest Washington, and specialized treatment services such as the Clark County Health Department's HIV program.

d. Gaps in current service systems;

The primary gaps for homeless individuals identified by the Clark County Continuum of Care Planning Group include a shortage of affordable permanent housing, a shortage of transitional housing, and from 2003-2004 a 34% increase in clients served by the Emergency Shelter Clearinghouse. This increase in need is heightened by changes in the mental health system in Clark County that will have significant impact on PATH clients. Specifically, the CCRSN is no longer funding mental health services to non-Medicaid clients; hence, the only mental health services available to this population are Crisis services.

MHNW is responding to this need not only by applying for continuation of the PATH program, but by taking the lead in developing a mental health free clinic/training institute (The Wellness Project) that has been operating since the Fall of 2003. This clinic is primarily staffed by volunteers (psychiatrists, ARNP's, mental health professionals and students) and serves any individual who is uninsured and in need of services, including those who are homeless or at risk of homelessness and have no financial resources.

e. Services available for clients who have both a serious mental illness and substance use disorder;

Dual diagnosis treatment has been a standard in Clark County for many years. Both of the community mental health centers in this county (Columbia River Mental Health Services and MHNW) have dual diagnosis, state Division of Alcohol and Substance Abuse (DASA) certified outpatient chemical dependency treatment programs on site, and non-Medicaid eligible clients can access these.

For mental health treatment, MHNW operates The Wellness Project to provide counseling and psychiatric services to non-Medicaid clients. The PATH worker, who has both mental health and substance abuse training, thus has easy access to consultation with experts in both areas in order to better assess clients' needs in terms of co-occurring disorders. The worker is familiar with available community services and able to triage the needs of the client and coordinate services as appropriate.

If the PATH client is already engaged in treatment services, the PATH worker will be able to provide collaborative support. If the individual is not in services, the PATH worker can engage in motivational counseling, and provide support in accessing treatment if the individual so chooses. In any case, the worker will advocate for the client and coordinate with other agencies and individuals to provide for the client's individual needs.

f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Mental Health Northwest operates both the PATH and a HUD supportive housing program and has two people on staff who are constantly developing housing contacts and options. In addition, MHNW has inter-agency agreements with subsidized housing projects such as the Single Room Occupancy facility on the VA campus and Story Street, and has recently begun the process of purchasing two facilities of its own that it will manage as transitional housing units.

The PATH worker will help individuals access any available funding, apply for transitional or permanent housing in collaboration with these programs, and apply for subsidy programs through the Vancouver Housing Authority by completing Section 8 and other housing applications as needed. The PATH worker will assist individuals in locating housing privately by identifying consumer-friendly landlords, accompanying the

individual when applying for assistance, filling out and submitting rental applications, and other tasks that will help overcome barriers to suitable housing.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

   MHNW has been a participant in the Continuum of Care for over four years, assisting with the homeless count each year and helping identify and address gaps in care. This participation directly led to MHNW's original application to the PATH program back in 2001, the funding of our HUD "The Way Home" program to provide permanent housing for chronic inebriates, and our work with The Vancouver Housing Authority to obtain a Section 811 grant to build a 12-unit facility to provide permanent housing for seriously and persistently mentally ill consumers.

   In addition, when it became apparent that individuals who were low income, non-Medicaid, and homeless or at risk of homelessness, were no longer going to be eligible to access mental health services due to Medicaid changes, MHNW began a mental health free clinic, The Wellness Project. Through ongoing participation in Clark County's Continuum of Care meetings and through collaboration with agencies serving this population, MHNW will remain informed of, and be able to inform other participating agencies of, any opportunities to improve client outreach and care.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

   (a) The homeless population in Clark County consists of 16% single individuals, 35% children, and 49% adults in families. Although the data published by the Council for the Homeless in Vancouver does not provide a breakdown of demographics by ethnicity, our experience at the shelters and on the streets indicates that a vast majority of these individuals are Caucasian, though there are a small minority of homeless who African American and Latino clients in this area.

   (b) Currently, our PATH worker is a Caucasian female, but we also have on staff older adult, African American, Native American, and youth specialists. In addition, through MHNW she has access to consultation from ethnic minority mental health specialists (African American, Native American, Southeast Asian, Deaf, Developmentally Disabled and Older Adult) whenever we serve clients from those populations..

   (c) All staff at MHNW, including the PATH worker, are trained to be aware of age, gender and racial/ethnic differences of clients, and to ask for consultations as needed. MHNW also hires interpreters as needed when a client's primary language is other than English.

   (d) In addition, all staff are trained at least yearly to provide services that are age, gender and culturally sensitive.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services.

Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

MHNW values the perspective of consumers and families. MHNW hires a PATH worker who is not only clinically skilled, but who has an intimate knowledge of mental illness and homelessness through a close family member. MHNW's Board of Directors includes several members who have a history of mental illness in their immediate family, and the Wellness Project Steering Committee has members who would have been PATH eligible in the past.

Much of the planning for PATH services took place through the Continuum of Care, which includes the involvement and input of currently homeless individuals. In addition, MHNW has mental health consumers employed in both staff and volunteer positions. Through all of these routes, MHNW attempts to involve persons who are homeless with serious mental illness, and their family members, in the planning, implementation and evaluation of PATH funded services.

Washington State PATH Application 2005
Clark RSN -- Mental Health Northwest

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$38,770	$19,098			$57,868
b. Fringe Benefits	$7,754	$2,674			$10,428
c. Travel	$2,100				$2,100
d. Equipment	$3,821				$3,821
e. Supplies	$2,613				$2,613
f. Contractual	$4,660				$4,660
g. Construction					$0
h. Other	$4,000				$4,000
i. Total Direct Charges (sum of 6a - 6h)	$63,718	$21,772			$85,490
j. Indirect Charges		$2,347			$2,347
k. TOTAL (sum of 6i and 6j)	$63,718	$24,119			$87,837
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

PATH GRANT BUDGET-CLARK COUNTY
RSN/MENTAL HEALTH NORTHWEST
October 1, 2005-September 30, 2006

	Position	Annual Salary	PATH BASE FUNDING	Match-funded FTE		
Outreach Worker	1 FTE	34,611	34,611			
Wellness Project Director	.45 FTE	48,885	2,900	19,098		
Clinical Supervisor	.025 FTE	50,371	1,259			
			38,770	19,098		
Benefits/Taxes @ 20%			7,754	2,674		
			46,524	21,772		
Equipment						
Cell Phone			650			
Facility (Center for Community Health)			2,796			
			3,446			
Travel and Training						
Outreach travel			1,800			
Training, Workshops			300			
			2,100			
Supplies						
Direct costs and office Supplies			1,813			
Client Supplies (flexible funding, bus passes, etc.)			800			
			2,613			
Other						
Security Deposits & One-Time Eviction Prevention			3,000			
			3,000			
TOTAL DIRECT CHARGES			57,683			
4% ADMIN			1000	1,347		
TOTAL REQUEST			**58,683**			
			$58,683	**$23,119**	**$82,802**	**TOTALS**

MATCH: The Clark County Regional Support Network (CCRSN) anticipates that local funds will be available to match the federal funds in a required amount not less than $21,664. Match will come from the Wellness Project, a Mental Health NW program. In a one year period, the Wellness Project has provided mental health counseling to over 800 non-Medicaid and low income individuals, many of whom were either homeless or at risk of homelessness. Match for PATH is based on applying a portion of the Project Director's salary, paid by Southwest Washington Medical Center Foundation.

Contracted Services: This fund is committed through state contract with MHNW.

Data Contract with NW Research Associates	4,660	
Palms	375	
	5,035	TOTALS

Greater Columbia Behavioral Health

509-735-8681 or 1-800-795-9296, Fax 509-783-4165, http://www.gcbh.org, 101 N. Edison St., Kennewick, WA 99336-1958

March 3, 2005

Hank Balderrama
Mental Health Division
P.O. Box 45320
Olympia, WA 98504-5320

Dear Hank:

The Central Washington Comprehensive Mental Health PATH Application will result in fifty-two thousand, two hundred and twenty-six dollars ($52,226) in PATH funding. GCBH will assure that there is a minimum of eighteen thousand and ninety-seven dollars ($18,097) in local match or non-federal dollars as match.

Sincerely,

Norman W. Cordell, CHE
Director

NC:jll

cc: Jack Maris, Vice President, CWCMH
René Ulam, Contracts Coordinator, GCBH

05-040

Section C: Local Provider Intended Use Plans

6. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Greater Columbia Behavioral Health (GCBH) is a regional behavioral health association known as a regional support network in Washington. It has eleven member counties throughout southern and eastern Washington. In addition, the Yakima Nation, one of the largest Indian Tribes in the state, is a member government of the RSN.

Greater Columbia Behavioral Health has one PATH project, located in Yakima, Washington. GCBH is the recipients of funds from the state Mental Health Division and sub-contracts services to Central Washington Comprehensive Mental Health, a state Mental Health Division licensed mental health agency.

Central Washington Comprehensive Mental Health (CWCMH) is a community mental health center serving Yakima, Kittitas and Klickitat Counties within central Washington State.

As a community mental health center CWCMH provides a broad range of services to adults, children and senior adults. CWCMH served almost 12,000 unduplicated clients in 2004. Approximately seventy percent of the population served are adults with the other thirty percent being youth, those seventeen years old and younger.

CWCMH provides an extensive array of residential services, including an Intensive Residential Treatment Facility, a Group Home, Supportive Living apartments, Crisis and Emergency apartments, a Boarding Home and a Homeless Veterans Housing Program. Additionally, CWCMH is partner with a local hospital, Yakima Valley Mermoral Hospital, in owning a Skilled Nursing facility.

CWCMH provides Acute Care crisis service on a twenty-hour, seven days a week basis. Part of the Acute Care crisis service menu is evaluation for involuntary detention for psychiatric hospitalization. CWCMH provides outpatient mental health treatment services that include community based intensive case management. Additionally, CWCMH provides outpatient substance abuse services including a MICA/co-occurring disorders program, an Opioid Dependent Treatment Program and two residential addiction services, one a detox center, the other a co-occurring disorders treatment facility.

Although CWCMH serves three counties PATH services will be provided primarily in Yakima County. On occasion PATH services have also been provided to individuals from Klickitat County, another area that CWCMH serves.

CWCMH has operated a PATH Program for over two years. During the 2004 contract year CWCMH PATH Program made a 185 outreach contacts with 185

homeless individuals, exceeding its estimated contacts of 150. Of those outreach contacts sixty-three percent have been eligible and enrolled in the CWCMH PATH Program. Of the PATH enrolled clients served, thirty-one percent have been discharged and enrolled into ongoing mental health and/or substance treatment services.

It is estimated that approximately twenty-five percent of the homeless individuals the PATH Program serves come from institutional settings i.e., local psychiatric hospital, jail. Such individuals are not accepting of ongoing mental health treatment services once discharged/released from the institutional settings. The CWCMH PATH outreach case management service provides rapport building with such individuals following discharge to encourage acceptance of treatment services and helps to avoid re-institutionalization.

7. Indicate the amount of federal PATH funds the organization will receive.

   CWCMH has budgeted $70,322 for the PATH program. Of the $70,322. $52,226 is being requested and $18,097 is match from CWCMH. See SF 424 Budget Information for CWCMH 2004 and justification for costs. NEED TO DOUBLE CHECK THESE FIGURES AGAINST THEIR SF 424 AND MHD'S PATH BUDGET

8. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

   a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

      CWCMH projects that its PATH Program will make contact with 150 homeless individuals. Of those homeless individuals contacted, 100 will be enrolled in PATH services during the coming grant year. It is projected that at least seventy-five percent of the individuals served by the CWCMH PATH program will be "literally" homeless. The other twenty-five percent will be individuals from institutional settings e.g., psychiatric hospitals, jail, residential service etc., who are refusing ongoing treatment service and are homeless because of having no community placement/housing and in most cases lack any funding to support themselves.

   b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

- Outreach
- Screening and diagnostic services
- Habilitation and rehabilitation services
- Community mental health
- Alcohol and drug treatment
- Case management
- Supportive services
- Referrals for primary health, job training education and housing services

PATH funds will again be used to support a 1.0 FTE case manager position to provide outreach services to homeless individuals with mental health and/or co-occurring disorders who are treatment resistant and difficult to place. The case manager primarily provides outreach to homeless individuals with co-occurring disorders directly living on the streets or in shelters.

Additionally the case manager is utilized to serve individuals who come in contact with CWCMH Acute Care Services or who are being discharged from psychiatric hospitalization and are not accepting of treatment services, along with having no community placement (homeless). Also, CWCMH staff assigned to the Yakima County jail refer individuals coming out of detention and who meet homeless criteria to the PATH case manager.

The case manager provides outreach service to keep in contact with individuals in various settings, i.e., mission, the streets, etc., in order to motivate them, through ongoing rapport building, to accept treatment services. The case manager does not place strong expectations on such individuals to engage in the treatment process, but instead employs a process of developing a trusting relationship with the individual.

The case manager assists clients with gaining necessary entitlements, i.e., disability and services such as medical, shelter, food, personal care needs, etc. The case manager is only assigned to the outreach process and engages only homeless individuals with mental health or co-occurring disorders that are homeless and not accepting of treatment service. Once a client is accepting of treatment service, the outreach case manager transitions the client to ongoing treatment service.

Continuation of the CWCMH PATH outreach case management services will be critical given the new service limitations placed upon the State of Washington, the RSN and its providers restricting mental health funding allocated by the Centers for Medicare and Medicaid Services (CMS) to the Medicaid eligible population only. Under this new service limitation homeless individuals may not be immediately eligible for treatment services depending upon their Medicaid eligibility.

This means homeless individuals enrolled in PATH who are willing to accept ongoing mental health treatment may not be admitted to treatment service because of their not being a Medicaid recipient. The likelihood is that enrolled PATH individuals who are cannot be admitted to treatment services because of their Medicaid eligibilty will place additional burden upon the PATH Program case manager, who will need to maintain ongoing support to these individuals and posssibly limiting the number of other homeless individuals who receive outreach and other PATH services.

The CWCMH PATH case management service is the only direct outreach service being provided to the homeless in the Yakima community. The CWCMH PATH program plays an import role in helping ensure homeless individuals who are in

need of treatment services but are not Medicaid eligible are provided assistance to obtain Medicaid and other entitlements which provide for housing, food and personal care needs in order to stop their homeless cycle.

The case manager refers PATH clients to CWCMH for mental health and substance abuse services as well as for habilitation and rehabilitation services. He also assists clients to access housing, including housing options available through CWCMH, which has substantial residential placment options.

g. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

The PATH Program has access to all CWCMH mental health and substance abuse outpatient and residential services. Additionally there are other mental health and substance abuse providers within the community with which the PATH program maintains referral relationships should a homeless individual chose not to accept service through CWCMH.

CWCMH has a collaborative relationship with a large community health center, Yakima Neighborhood Health Service (YNHS). This organization has made itself available to PATH referred homeless individuals to assist them with medical and dental needs. CWCMH provides YNHS with an on site mental health professional that can consult and evaluate homeless individuals coming to them for their mental health and substance abuse treatment needs. YNHS has taken such an interest in PATH referred homeless persons that they have sought grant funding to help augment their services to the homeless. YNHS intent is to use grant funds to provide nurses that would company the PATH case manager in his outreach process to help bring medical service to homeless directly in the community.

Shelter, housing and food are provided by various other community organizations within Yakima to the homeless. For example the Union Gospel Mission and Salivation Army of Yakima provide temporary shelter and food. The Homeless Network of Yakima County provides for housing and employment support to homeless individuals. The Interfaith Coalition of Yakima has been most instrumental in specifically focusing their funds on PATH clients. Not only do they provide food and clothing, but they also provide funds to purchase bus tokens for transportation to PATH clients.

Additionally the PATH program works closely with the State of Washington Department of Social and Human Services (DSHS), Community Support Office to help homeless individuals make application for entitlements in order to gain necessary funding to support their health and individual needs. It should be noted that the CWCMH PATH service coordinates with these other services to help supports service delivery to homeless individuals

The PATH case manager also works closely with CWCMH Vocational Services to aid homeless individuals seeking employment. Although CWCMH Vocational

Services are intended for clients who are enrolled in treatment, its staff serve as consultants and provide for referral and liaisons with other vocational and employment service providers in the community to aid PATH clients seeking employment.

h. gaps in current service systems;

Yakima continues to have several gaps in its service system for homeless individuals. Affordable housing options for single homeless persons with mental illness under the age of 55 are limited. There is no drop-in center such as a "Save Haven" for the homeless during the day hours i.e., 8 a.m. to 5 p.m. within the community. Although there is a Homeless Network of Yakima County in the community there is a need to improve coordination of available services to the homeless.

Medical care for homeless individuals is limited to the two community hospitals' emergency rooms. There is a lack of available meals to the homeless on the weekends and some of the holidays. There is a lack of homeless services for person under the age of 18 years old.

PATH does not serve individuals younger than 18 years of age, yet at some point in time homeless youths become homeless adults if allowed to go un-served. Transportation for the homeless within the community is limited to bus service.

In addition there are limited resources to provide funding to homeless individuals in order to purchase bus tokens or required ID such as birth certificates that will aid them in obtaining housing and employment. Employment services in Yakima do not target the special needs challenging homeless individuals. Finally, Yakima faces the same difficulty many communities have in identifying the actual number of homeless within the community.

Several processes are in place in an attempt to improve and reduce the identified gaps. The Homeless Network of Yakima County was the recipient of HUD funding to help develop and implement a Homeless Management Information System (HMIS). The Homeless Network now has a subcommittee with direct responsibility for development and implementation of the HMIS. The CWCMH Vice President, who also oversees its PATH program, is co-chair of this subcommittee.

Yakima Neighborhood Health Service continues to seek grant funding to help place medical staff along side the CWCMH PATH case manager to bring health care directly to homeless in the community. The Homeless Network of Yakima County oversees the Continuum of Care Plan for the county and has presented a five and ten year plan to increase affordable housing to the County Council which approved the plan this year.

Additionally, in January 2005 the Homeless Network of Yakima County conducted a point in time count of homeless in Yakima County. This count was totally restructured over previous counts in that a large number of volunteers went directly into the community to identify homeless. This new process and identification of homeless in the community was made public to the community at the beginning of February 2005. This new count has greatly help to identifying homeless.

The Homeless Network of Yakima County has a subcommittee dedicated to homeless youth. The subcommittee has been very active building support amongst various community organization and providers. The subcommittee has already received a $10,000 donation from Starbucks. The funds are intended to help develop a drop in center for homeless youth. Additionally, the Yakima County Sheriff's Department, State of Washington Department of Social and Health Services, Juvenile Probation and Detention and a broad base of mental health and substance abuse providers are developing are looking various options to put develop a boarder array of placement services for runaway homeless youths.

i. services available for clients who have both a serious mental illness and substance use disorder;

CWCMH PATH services are linked closely with its Acute Care and Access services. Individuals needing treatment services for co-occurring mental illnesses and substance use can be fast tracked for both mental health and substance abuse assessments by qualified individuals. Crisis psychiatric evaluation services are also available in the event medications are needed. Following the assessment an individual can be placed in the CWCMH specialized co-occurring disorders program.

Additionally CWCMH has two residential service settings with a specialized focus on individuals with a mental and substance abuse disorder. One is a residential detox facility. This facility is located within the immediate proximity of CWCMH Acute Care Services. Substance abuse staff from the Detox facility and Mental Health staff from Acute Care Services work closely together to provide collaborative services to homeless individuals who have a co-occurring disorder and need this level of care.

CWCMH in collaboration with another community based private substance abuse provider operates a specialized co-occurring disorders residential treatment facility. PATH homeless individual have had access to this program in the past and will continue to do so if this level of care is necessary.

Once a homeless individual does enter treatment service, the PATH case manager aids the accepting CWCMH treatment provider by providing an understanding of the homeless individual's history and needs to help ensure a smooth transition to treatment.

j. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Housing for the homeless is a gap in service identified in 3d above. Besides utilizing existing community resources CWCMH crisis and emergency apartments are made available to homeless individuals enrolled in PATH. By utilizing the crisis and emergency apartments a close link for the homeless individual is established with treatment services staff thus allowing the individual to develop a relationship and willingness to accept treatment.

Once an individual in enrolled in treatment, CWCMH Supportive Living housing is made available to individuals. Additionally, the CWCMH Veteran Homeless Housing Program can be accessed in the event the homeless individual is a veteran.

9. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

CWCMH is actively involved with Yakima County's Continuum of Care Plan which is overseen by the Homeless Network of Yakima County. Both the CWCMH PATH case manager and one of its Vice Presidents are members of the Homeless Network of Yakima County.

The Yakima Continuum of Care Committee was newly formed in calendar year 2003 under the direction of the Homeless Network of Yakima County with the expressed intent of focusing on homeless in the community and re-establishing the HUD Continuum of Care plan. Membership of the network consists of representatives from organizations and individuals who advocate for homeless people and those at risk of being homeless in Yakima County.

The network currently has twenty-eight organizations or agencies represented in its membership. These include representatives from organizations such as Yakima County, the United Way, Habitat for Humanity, mental health providers, substance abuse providers, legal services, Salvation Army, YMCA & YWCA, Yakima County Homeless Coalition, faith based groups and shelter and other emergency housing providers. The network meets at least once a month.

Besides monitoring the Continuum of Care plan the network fosters collaboration by addressing the needs of the homeless, increasing the community's awareness of homeless, participating in developing and supporting public policy to assist homeless people and working toward ending homelessness in the community.

The PATH case manager, besides serving as a member of general Homeless Network committee, also serves on the Point in Time Subcommittee. As indicated above in 3d this subcommittee was instrutmental in restructuring a much more accurate count of homeless in Yakima County than in previous years.

The CWCMH vice president serves as a member of the general Homeless Network committee and is co-chair the network's HMIS subcommitte to help develp and implment the HUD HMIS. The vice president is also a member of the Homeless Network's Executive Committee.

10. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

    Yakima County is a rural county located near the geographical center of Washington State. Yakima County and has as a population of over 220,000. The highest population is concentrated in the City of Yakima with a population of approximately 72,000. Although the city of Yakima is classified as urban, the remainder of the county is rural and covers a large geographic area with numerous small towns. Yakima County's revenue base is primarily agricultural.

    The county is home to a large Hispanic population (35%). In some communities within the county, the Hispanic population is over 85%. Additionally, the county is home to the Yakama Nation. Native Americans make up approximately 4.5% of the population. There is also a small contingent of African-Americans and Asians in the county.

    The recent Point in Time Study of homeless conducted by the Homeless Network of Yakima County on January 26, 2005 showed there were 1,190 homeless individual in the County. Seventy percent of the homeless are adult, age 18 year old or older and 30% youth/children. Eighteen percent of the identified homeless had a mental health or substance abuse disablity. Ten percent had some physical or medical disability. Forthy-seven percent of the homeless were living in tempory living or emergency

shelter. Almost 8% of the homeless were living outdoors i.e., street, tent, vehicle. Eight percent of the homeless had identified that they were homeless for over a year.

The CWCMH PATH program primarily impacts the City of Yakima and some of the small communities surrounding it. As a result, the PATH case manager comes in contact with a diverse population of homeless individuals. The PATH program has access to and is integrated into the organization's over thirty year history of providing mental health and substance abuse service to the community. CWCMH's broad range of services is indicative of the diversity in service needs of the individuals it serves. Given that CWCMH serves communities with a high Hispanic population it has designated bilingual/bicultural clinical positions in order to best serve the community.

All staff entering CWCMH employment, including the PATH case manager, must meet core competencies and are tested for gender/age/cultural clinical competency. Diversity training is also required of all new employees. Mental health specialists e.g., ethnic minority, developmental disabled, children and geriatric are available and expected to be consulted with whenever a special population individual is being engaged in services.

CWCMH has a number of clinical staff at various levels e.g., mental health aids, case managers, therapist, RN and psychiatrist, who are bilingual/bicultural for the large Hispanic population it serves. In the event staff is not available non-clinical translators are available. All information provided or posted for clients is made available not only in Spanish but is also gender and age friendly in an attempt to best serve the community

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

   CWCMH's mission is to, "*Provide innovative behavioral healthcare, community education, and services to individuals, families and organizations"*. CWCMH commitment to its mission can be seen in its long history of involving mental health consumers and family members to aid it service delivery to individuals and the community. For example, the CWCMH Supportive Employment program has been instrumental in developing employment opportunities for consumers not only within the community but within CWCMH services e.g., in clinical, support and facility maintenance positions. Such individuals are integrated into the overall CWCMH work force at a parity level with all other employees.

   CWCMH's commitment to be sensitive to its consumers and their families is also exhibited by it willingness to provide its own Consumer Advocate who is available for concerns/issues/complaints/grievances. Further the CWCMH Consumer Advocate is bilingual/bicultural which help ensure that the entire population of individuals its serves are heard.

   One of the main responsibilities of the Consumer Advocate is to ensure consumers and family members' rights. The CWCMH Consumer Advocate tracks all consumer and/or family contacts and has a direct reporting responsibility to CWCMH Quality Improvement committee for the purpose of tracking trends to identify service and treatment issues/processes that may need improvement.

Individuals who are brought into CWCMH treatment services are informed of their rights and offered service on a voluntary basis. All information regarding service to individuals and their family remain confidential, as defended by State of Washington RCW, and are protected by privacy under HIPAA.

CWCMH has worked closely with its local NAMI affiliate to ensure consumers and family members have input and feedback into services being provided. An example of this is that CWCMH has provided NAMI an office that they staff within the CWCMH Club House facility. Additionally, CWCMH was instrumental in helping the local NAMI group receiving funds from United Way to support their services. CWCMH has provided staff assistance, planning and funding to NAMI to help bring nationally known professional experts to speak to the community on various topics related to mental health treatment.

Individuals served by CWCMH PATH and their families can and have availed themselves of the services described above. In calendar year 2003, the PATH Program set up an opportunity for enrolled PATH consumers and their families to meet weekly at the CWCMH Club House. However, response by homeless clubhouse members and/or their family was minimal to this opportunity.

As an alternative to this the PATH case manager worked with identified homeless individuals and was successful to engaging some individuals to become an active member of the Homeless Network of Yakima County. Additionally the CWCMH PATH case manager was instrumental in helping to identify homeless individuals in developing their own monthly homeless news letter, titled the "Coal Miners News", that is available with the community. The news letter provides a means for homeless individuals to a have a voice with the community. The PATH case manager provides ongoing consultation to homeless members working on the newsletter.

In 2004 the CWCMH PATH Program provided eight educational trainings with in the community on homeless issues and their needs. This education was to major groups and organization such as Rotary, NAMI, and faith based group.

Washington State PATH Application 2005
Greater Columbia RSN -- Central Washington Comprehensive Mental Health

SECTION A - BUDGET SUMMARY

Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$33,957	$10,135			$44,092
b. Fringe Benefits	$9,338	$2,787			$12,125
c. Travel	$2,000	$0			$2,000
d. Equipment	$250	$0			$250
e. Supplies	$0	$829			$829
f. Contractual	$3,897	$0			$3,897
g. Construction	$0	$0			$0
h. Other	$3,784	$4,346			$8,129
i. Total Direct Charges (sum of 6a - 6h)	$53,226	$18,097			$71,323
j. Indirect Charges	$0	$0			$0
k. TOTAL (sum of 6i and 6j)	$53,226	$18,097			$71,323

7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

CWCMH PATH Budget FY 2005 Justification

a) Personnel – 1.0 FTE Outreach Case Mangers will provide outreach services to homeless individuals with co-occurring disorders. Also covered is Administrative costs i.e., supervision, data and budget management.

CWCMH is requesting the grant cover the full cost of the case manager's salary. Cost for salary of administrative/supervisory and data and budget management staff to support the PATH program will be incurred a Match from CWCMH.

b) Fringe Benefits – Benefits are valued at 27.5% and is comprised of payroll, unemployment, labor and industries, participation in the company's self-funded medical, vision and dental insurance program, life and long-term disability insurance, and the employer-sponsored pension plan.

CWCMH is requesting the grant cover the full cost of the fringe benefits for the case manager. Cost for benefits of administrative/supervisory and data and budget management staff to support the PATH program will be incurred a Match from CWCMH.

c) Travel – Because the case manager provides outreach services directly to homeless in the community travel will be incurred. CWCMH pays staff travel at a rate of .36 per mile. Additionally travel maybe needed for meetings regarding PATH operations/developments and education.

CWCMH is requesting the grant cover the full cost of Travel.

d) Equipment – Supportive funds for Palm Pilot project which will help case manager capture required data on PATH clients. A Palm Pilot is used by the case manager while providing direct outreach in the community. The case manage enter consumer data directly in Palm Pilot then retrieves data to a main data file once back in the office.

CWCMH will provide Match for cost of Palm Pilot equipment.

e) Supplies – The case manager needs supplies to support work such as office and operational supplies i.e., forms, paper, coping etc.

CWCMH will provide Match to cover cost of office and operating supplies.

f) Contractual – Supportive funds for Palm Pilot project for software and supportive services to carry out project. As indicated the Palm Pilot Project allows the case manager to capture required data directly in the field while serving clients.

CWCMH is requesting the grant cover the full cost of contract service with independent provide to support the Palm Pilot Project.

g) Constructions – N/A

h) Other – This is comprised of cost for:

- Telephone both landline and cellular for the case manager
- Office Space utilization for the case manager
- Training for ongoing education to the case manager to help improve service delivery to homeless.
- IS support to case manager's computer
- Client Emergency Funds – this includes cash for purchase of transport cost and in-kind for the use of CWCMH crisis bed and donated good i.e., clothing, food to homeless individuals.

CWCMH is requesting the grant cover 41% or $3,033.77 dollars of the cost for the "Other" budgeted items. CWCMH will provide Match cost of 59% or $4,345.67 for the "Other" budgeted items.

CWCMH will ensure Match allocated contribution as designated in budget on SF-424.

King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

EXC-HS-0610

Exchange Building
821 Second Avenue, Suite 610
Seattle, WA 98104-1598

206 296-5213
206-296-583 Fax
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206-205-0569 TTY/TDD

February 25, 2005

C.H. Hank Balderrama
Mental Health Division
Department of Social and Health Services
Post Office Box 45320
Olympia, WA 98504-5320

Dear Mr. Balderrama:

Attached please find the King County Regional Support Network (KCRSN) application in response to the annual Projects for Assistance in Transition from Homelessness (PATH) Request for Applications (RFA) No. SM 05-F2. This RFA was announced by the Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services as authorized by the Public Health Service Act.

The KCRSN intends to contract and pass through all Federal PATH funds in FFY 2005, if awarded, to community-based providers that are currently providing PATH-funded services in King County to persons with serious mental illness who are homeless or at imminent risk of becoming homeless. The contracted local providers are: 1) Downtown Emergency Service Center (DESC), and 2) Valley Cities Counseling and Consultation (VCCC).

Application documents attached include the following:

- Local Provider Intended Use Plans: KCRSN, DESC, and VCCC
- Standard Form 424A: KCRSN, DESC, and VCCC
- Budget Narratives: KCRSN, DESC, and VCCC

Please note that SF 424A (Budget Information) for KCRSN includes the additional allotment of $ 19,130.00 to NWRA for the Palm Pilot Data Collection Project and the $1, 375 allotment for equipment and repair for the devices used for the Palm Pilot Data Collection Project. The SF 424A forms for the contracted community-based provider agencies (DESC and VCCC) include their respective share of the allotment for equipment, $1,375, for the Palm Pilot Data Collection Project.
Non-Federal match will be provided by KCRSN-dedicated clean, State funds for a total non-Federal match of $ 88,878. All of the match will be provided through contracted funds to DESC. **All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.**

Please don't hesitate to contact me if you have any questions.

Sincerely,

Terry Crain

Terry Crain, M.A., L.M.H.C.
Project/Program Manager II

TC:mfn
[050225 2005 path application to uip]

Enclosures

cc: Karen Spoelman, Cross-Systems Treatment Services Section Coordinator, King County Mental Health, Chemical Abuse and Dependency Services Division
ATTN: Margaret Smith, Project/Program Manager III
Dana Ritter, Finance & Administrative Services Manager, King County Mental Health, Chemical Abuse and Dependency Services Division

Section C: Local Provider Intended Use Plans

11. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The King County Regional Support Network (KCRSN), also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), provides services throughout King County, Washington via contracts with community-based agencies. King County is located in western Washington State, extends from Puget Sound to the foothills of the Cascade Mountains, and is one of the largest counties in the United States.

The KCRSN receives PATH funds through a contract with the Washington State Mental Health Division. KCRSN then contracts the funds to two local licensed community mental health agency providers: 1) Downtown Emergency Service Center (DESC), and 2) Valley Cities Counseling and Consultation (VCCC).

DESC is a multi-service center serving homeless adults. DESC provides shelter, permanent housing, mental health and chemical dependency services. DESC is located in downtown Seattle, within the King County Regional Support Network. DESC is a state licensed Community Mental Health and Chemical Dependency Treatment Provider. DESC prioritizes services to the most vulnerable subset of homeless adults. PATH funds are used to outreach, engage and stabilize homeless adults with serious/severe mental disorders living within the City of Seattle and, north and east King County.

VCCC is a community-based behavioral health agency providing outpatient mental health and chemical dependency treatment services to adults, children and families. VCCC is based in Auburn, Washington, and also has clinical sites in Kent and Federal Way. The agency primarily serves south King County residents including the rural areas of southeast King County such as the cities of Enumclaw, Ravendale, Black Diamond, Maple Valley , Covington and unincorporated King County. PATH funds are used to outreach, engage and stabilize homeless adults with serious/severe mental disorders living within the aforementioned areas and greater south and east King County.

12. Indicate the amount of federal PATH funds the organization will receive.

KCRSN has and will continue to distribute all federal PATH funds to local community service agencies to provide services. DESC currently utilizes PATH funding within their Homeless Outreach, Stabilization and Transition (HOST) Project to provide direct services in the form of outreach, engagement and case management services for severe and persistently mentally ill adults who are homeless. The PATH project began at VCCC on June 30, 2002 and has been successful in identifying, engaging and transitioning many homeless mentally ill/chemically dependent clients from rural/outlying areas into services and more stable residential placements.

Funds flow from the Washington State Department of Social and Health Services (DSHS), Mental Health Division to the KCRSN. Funds are then distributed by contract from KCRSN to DESC and VCCC.
KCRSN will receive a base amount of Federal PATH funds in the amount of $240,901. Of that amount, DESC will receive $ 115,788 and VCCC will receive $ 125,113. In addition, KCRSN is allocated $19,130 in Federal PATH funds to support the Palm Pilot Data Collection Project. Finally, KCRSN will receive and pass through to DESC and VCCC a total of $1,375 in Federal PATH funds for devices and device maintenance for the Palm Pilot Data Collection Project ($1,000 to DESC and $375 to VCCC).

A detailed budget narrative is attached.

13. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

    a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of “imminent risk of homelessness”);

KCRSN annually serves nearly 3,700 adult persons who are literally homeless and who have a mental illness. This figure represents approximately 14% of all adults served by the KCRSN in the calendar year 2004. This figure is a conservative projection based upon the number of persons who are literally homeless and are clients enrolled in the King County Mental Health Plan (KCMHP).

The KCMHP serves individuals who have a mental illness and who have a Medicaid benefit (and a small number who do not qualify for Medicaid.) The number of literally homeless from that cohort was found to be 14% of the total, (data from the King County Information System.) This figure of 14% was then projected to the total number of adult persons served within the KCRSN, (which includes the KCMHP population added to all of the carve-out programs, such as PATH and HOST.) The projection of 3,700 adult persons who are literally homeless and who have a mental illness is considered conservative because clients in many of the carve-out programs are more likely to be literally homeless.

DESC projects a total number of clients receiving PATH funded services at 445. Approximately 95% (estimate) will be "literally" homeless. The remaining 5% would will be housed at the beginning of the fiscal year as a result of PATH funded services in the previous fiscal year. They would be considered to be at risk of losing housing, but not imminent risk. Approximately 310 will be new contacts within the PATH reporting year. This projection is based on the projects performance in the 2004-2005 PATH reporting year. The number of staff and variables effecting project goals remains largely the same.

The VCCC PATH Program projected that at least 130 clients will be served by the program in FY 2005. Of that amount it is estimated that 30% are projected to be "literally" homeless at the time of their initial PATH services. Staffing levels will remain the same for 2005 as they were for 2004. VCCC served approximately the same number in 2004. Of this number, about 30% were living on the street, in cars, or in the woods.

b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

All Federal PATH funds received by KCRSN are used to fund direct services in the form of outreach, engagement and stabilization case management services for homeless persons who are determined to have a severe and persistent mental illness or concurrent mental illness and substance abuse.

Although PATH funding is targeted to outreach and engagement of seriously mentally ill, homeless adults, the broader range of services listed below are integrated and augmented with additional local funds:

- Outreach and Engagement
- Screening and Diagnostic Treatment
- Habilitation and Rehabilitation
- Community Mental Health Services
- Alcohol or Other Drug Treatment
- Staff Training
- Case Management Services
- Referrals for Primary Health Services, Education Services, Job Training, and Housing Services
- Housing Services, including one time rental assistance (VCCC PATH)

Outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals. This category of services includes what can be called “in reach”, defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. Over time, engagement begins to occur. DESC provides these services in a primarily urban setting while VCCC provides the same services in much more rural locales.

PATH staff from both agencies are trained and skilled in screening and providing provisional diagnoses and treatment recommendations. In addition, DESC works closely with the Healthcare for the Homeless program and has two mental health workers from that program located at the agency. There is close collaboration and consultation

between the two programs. VCCC PATH contracts with the psychiatric services within the agency for any further diagnostic formulation and treatment determined to be necessary.

KCRSN has a commitment to providing vocational services to all clients who desire to work. A workgroup of stakeholders is currently meeting to improve the capacity and quality of vocational services throughout the mental health system. DESC and VCCC are both represented on that workgroup. KCRSN has a Regional Employment Services and Placement Center as a resource for all clients, regardless of the enrolling agency. VCCC also has an in-house employment program available to PATH enrolled clients, among others. Other opportunities for habilitation and rehabilitation occur within the peer-run drop-in clubs.

Both DESC and VCCC are dually licensed as community mental health providers and chemical dependency providers, allowing for tightly integrated services.

Training for staff occurs on a regular and periodic basis at both agencies.
In addition, KCRSN is engaged in a process to reorient all services to more recovery supportive approaches. This has and will continue to include staff training for all personnel in the system.

While the PATH workers at both agencies are skilled at outreach and engagement strategies, they are also by title and training case managers who assist individuals in accessing needed services, coordinate the delivery of services in accordance with the case plans, and follow-up and monitor progress. These activities may include financial planning, access to entitlement assistance, representative payee services, etc. PATH case managers link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

Both agencies have made an extraordinary commitment to finding and providing housing and housing assistance to the clients who are homeless and that they serve.

k. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

KCRSN coordinates with a large number of community organizations to provide key services. This helps to build a full spectrum of services that otherwise would not exist. A KCRSN staff person is devoted to housing and vocational services. He is on the McKinney Steering Committee which coordinates all the funding for all of the McKinney programs. He is also active in the Housing Access Services Program for King County Section 8 vouchers. This staff person is on the Shelter Plus Care Coordinating

Committee, which provides Shelter Plus Care vouchers. He also participates on the Taking Healthcare Home program to coordinate the development of housing for those who are chronically homeless in King County.

This same staff person meets regularly with representatives from the Washington State Division of Vocational Rehabilitation (DVR) and the vocational services providers in King County to ensure coordination and capacity for the clients served.

l. gaps in current service systems;

Service Capacity: Due to State funding shortages, King County is unable to provide an adequate supply of mental health treatment/services to meet the needs of people without Title XIX Medicaid. Pending changes in the rules regarding the use of Medicaid savings will serve to worsen the situation.

Response: KCRSN is working hard to lobby the Washington State Legislature to fund the anticipated shortfalls and to devise more stable funding streams for this population. KCRSN is also working with other Regional Support Networks to bring the issue to the attention of the media and the public.

Increased knowledge and efficiency in Supplemental Security Income (SSI) application process will enable clients apply expeditiously for benefits, including eligibility for mental health services. King RSN staff and staff from both DESC and VCCC will be attending a PATH sponsored technical assistance training regarding presumptive eligibility for SSI.

Housing Shortage: The inadequate supply of affordable and subsidized housing with appropriate support services to meet the needs of severely and persistently mentally ill persons who have been homeless. There is not enough clustered living (shared housing without 24-hour staffing) available. Acquiring housing is difficult because of community opposition to housing this population in their communities. The simple financial burden of acquiring single family dwellings in the metropolitian Seattle housing market make this a difficult niche to penetrate.

Response: As noted in 3.c. above, a KCRSN staff person is devoted to housing services. He is on the McKinney Steering Committee which coordinates all the funding for all of the McKinney programs. He is also active in the Housing Access Services Program for King County Section 8 vouchers. This staff person is on the Shelter Plus Care Coordinating Committee, which provides Shelter Plus Care vouchers. He also participates on the Taking Healthcare Home program to coordinate the development of housing for those who are chronically homeless in King County. This group is currently developing a Request for Proposal for south King County for new housing. This would include clients in the PATH program.

Shortage of chemical dependency treatment services for people without public entitlements.

Response: KCRSN is also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (KCMHCADSD). As the KCMHCADSD, the Division has many staff dedicated to ensuring services to persons with chemical dependency and abuse issues. While treatment services are scant for people without entitlements, the Division does administer funds and contracts for chemical dependency case management through a number of programs such as the Sobering Center and the Detox facility. This case management provides screening, brief interventions and referrals. The Division recently received a federal grant for the Washington Screening, Brief Intervention and Referrals and Treatment program, which provides early intervention to persons identified in hospital emergency rooms as being in early stages of abuse/dependency – including homeless persons.

Funding for vocational services continues to be inadequate to meet the need.

Response: KCRSN has a staff person who meets regularly with Division of Vocational Rehabilitation (DVR) and the vocational services providers in King County to ensure coordination and capacity for the clients served. He is currently the lead on a workgroup of vocational service providers and other stakeholders to create a strategic plan to improve employment outcomes among all clients. Both DESC and VCCC are represented on this workgroup.

In 2003 and 2005, KCRSN leveraged funds from DVR to develop 5 Regional Employment Services and Placement Centers (RESPC). Vocational services in the centers are offered to all enrolled clients, including those enrolled in both of the PATH programs. Because of funding difficulties with DVR, only one of the RESPCs is currently functional, at Community Psychiatric Clinic (CPC). CPC provides vocational services to any client in the KCRSN, including those who are involved with PATH. VCCC was one of the agencies to host an RESPC. These start-up funds allowed VCCC to build significant infrastructure. Because on-going funding from DVR dried up in 2004 and start-up funding was no longer available, the VCCC RESPC closed as such. VCCC continues to be committed to vocational services and has vocational staff to assist clients in negotiating the DVR system and obtain appropriate training and job preparedness in spite of these limited financial resources. DVR on-going funding has since improved.

Lack of access to frequently expensive psychiatric medications for clients keeps many with ongoing and increased symptoms. Medication stability would greatly improve the probablility of engaging, transitioning and housing these individuals.

Response: DESC hosts two mental health practicioners, providing office space and support. People screened out for PATH funded services are referred to HCH as they are positoned to fill part of the service gap existing between DESC's PATH program and the Medicaid funded community mental health system.

The VCCC PATH program continues to contract for one hour per week of agency psychiatric time for evaluations and medication management. VCCC psychiatric staff

have been able to additionally assist PATH clients by continuing to provide sample medications to them. A number of PATH clients are not eligible for on-going mental health services, but are willing to continue with PATH. On-going psychiatric services are limited.

Shortage of dental services. Dental services continue to be in short supply due to the diminishing number of dentists willing to accept Medicaid reimbursement rates. And very few dental services provide free dental care.

Response: DESC has advocated for an increased reimbursement rate in order to bring more dentists into the Medicaid provider pool. Both VCCC and DESC continue to identify and maintain accurate lists of any and all dental services that are free or subsidized. The University of Washington Dental School is one such entity.

Access to facilities for hygiene, laundry, storage of belongings, etc. is limited.

Response: Both DESC and VCCC have on-site shower facilities. VCCC also has available tote bags with hygiene supplies to provide to PATH clients. In addition, VCCC rents a storage unit to store client belongings. Both agencies also work with a limited number of homeless shelters that have these resources.

m. services available for clients who have both a serious mental illness and substance use disorder;

As noted in 3.d. above, KCRSN is also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (KCMHCADSD). As the KCMHCADSD, the Division has many staff dedicated to ensuring services to persons with chemical dependency and abuse issues. There is a high degree of communication and growing coordination between mental health providers and chemical dependency treatment services providers. Many of the licensed mental health agencies in the KCRSN network have also become licensed outpatient chemical dependency providers, including both DESC and VCCC.

n. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

DESC will continue to aggressively pursue funding for development of subsidized supportive housing. The agency will build on a strong track record of developing and operating housing that meets the needs and limitations of the PATH eligible population. Housing longevity and clinical stabilization remain the focal points of our effort. DESC operates Kerner-Scott Safehaven with a flexible entry approach as well as a highly individualized service model. Many PATH clients are prioritized for apartments at Kerner-Scott Safehaven. DESC also operates three other buildings using a unique supportive housing model that received a HUD best practice award. Two more buildings targeting chronic homeless populations are on-line to be available, one in 2005 and one 2006. DESC also works with Seattle Housing Authority for the Section 8 resource that is

applied to DESC housing, and with Plymouth Housing Group for the Shelter Plus Care vouchers available to DESC PATH clients.

Resources for housing in mostly rural South King County are more limited than the more urban parts of King County. There are more shelters available in urban King County, which facilitates admission to transitional housing resources.

VCCC participates in a Special Section 8 voucher and the Plymouth Housing Shelter Plus Care programs. VCCC currently gets access to Shelter Plus Care housing vacancies and is able to access the Section 8 voucher program to assist in transitioning clients to residential stability. Through PATH funding, one time rental assistance has helped secure or maintain a client in housing.

VCCC will continue to work with the YWCA to aquire Section 8 vouchers, Plymouth Housing Group to aquire Shelter Plus Care vouchers, Low Income Housing Institute (LIHI) for Section 8 units. VCCC is working with a developer to create 16 single bedroom units.

14. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

DESC's Executive Director is a member of the McKinney Steering Committee, the group that sets the Seattle/King County continuum of priorities which guides what goes into the local application to HUD for continuum of care funds. He also sits on the advisory board of King County's Ten Year Plan to End Homelessness. A DESC program director co-chairs the Seattle/King County Coalition for the Homeless and DESC's Clinical Director is a member of the State Mental Health Planning and Advisory Council. All of these groups provide input and advice to local and state funding entities regarding housing priorities.

VCCC participates in the Section 8 voucher and Shelter Plus Care programs. In addition, the VCCC PATH program staff attend monthly Shelter Plus Care Housing Coordination meetings.

15. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

a) KCRSN served a total of 19,866 individuals in 2003. The racial ethnic diversity for adults is described on the following table. This includes the Total Census Parity Ratio. The information is drawn from the KCRSN 2003 Mental Health Plan Year End Report. (A similar report for 2004 has not yet gone to press.)

Ethnicity	Percent of Total # Served	Total Census Parity Ratio
African American	15.9%	3.76
Asian/Pacific Islander	6.8%	.83
Caucasian	65.2%	.78
American Indian	2.2%	2.2
Mixed/Other/Unk	9.8%	
*Hispanic	7.2%	

*Note: Hispanic origin is counted separately from ethnicity. This is consistent with State of Washington definitions. The state census data does not include a category for mixed ethnicity. In order to calculate the parity ratio, the clients in the Mixed/Other/Unknown category were distributed proportionally among the three non-Caucasian ethnic categories. Parity is reached when a group receives services according to its percentage in the King County population. A number at 1.0 or below is above parity; a number above 1.0 indicates service enrollment at a rate higher than representation in the general population.

The Seattle/King County Coalition for the Homeless (SKCCH) coordinates a comprehensive one-night count of homeless persons each year. This is a highly coordinated event, but cannot possibly represent the entire homeless population due to the vast size and rural nature of much of King County. Select results of the 2004 count follow:

Total Estimated Homeless (on a given night): 8,300
Street Count: 2,216
Estimated additional uncounted on street: 1,500
Last Permanent Address: 60% in City of Seattle; 10% in balance of King County; 19% out of state addresses.

Official results of the 2004 One-Night-Count have not been released as of this writing. Therefore, 2003 demographic breakdowns are offered below. Additionally, survey Results of those being served by a homeless services provider (probably over represents some categories as the survey represents populations for whom funding is more available).

Gender: 58% male; 42% female
Age: 0 - 17: 31%; 18-25: 10%; 26-59: 55%; 60-84: 5%
*Race/Ethnicity:
Caucasian: 39%; African American: 38%; Hispanic: 11%; Asian/Pacific Islander: 4%; Native American: 3%; Multi-racial: 5%

*African Americans have the greatest disparity between general population and homeless population prevalence. 38% of the homeless population is African American while they

make up just 5% of the general population. Predictably, the Caucasian homeless prevalence is half that of the general population prevalence.

The population served in DESC's PATH funded program is very diverse. Ethnic/racial minority populations are over represented compared to their prevalence in the general community. Sexual minorities and older adults are also significantly represented among the PATH eligible population.

VCCC primarily serves South King County residents including the rural areas of South East King County such as cities of Enumclaw, Black Diamond, Ravensdale, Maple Valley and Covington. All of the individuals served are single adults, over the age of 18. The majority of the clients are caucasian males but we have also serve females, all racial ethnic groups including Native Americans, and veterans. Over 80% of the individuals served were caucasian males.

(b) Currently, all DESC staff serving the PATH program are Caucasian. One of the PATH case managers is bilingual in English and Spanish, assuring our ability to capably serve monolingual Spanish speaking consumers. In additon to having a bilingual/bicultural case manager on the PATH team, a fully certified interpretation service is used as needed to bridge the language gap with clients having limited or no English proficiency.

The VCCC PATH staff are presently 2 caucasian females who each have a number of years working with diverse mentally ill client populations.

(c) PATH clients who are members of specific minority groups and engage in case management services have an annual cultural consultation done with a qualified minority mental health provider (per Washington Administrative Code). In addition to getting individualized consultation focused on cultural issues and implications for case management and psychiatric treatment, this activity provides case managers with multiple opportunities to expand their general cultural competency.

VCCC believes in addressing the cultural needs of its clients. VCCC has minority mental health specialists on staff and also contracts with a number of minority mental health agencies. VCCC also has an active Cultural Diversity Committee whose job is to bring cultural differences to the conscience level of all staff and to educate staff on the importance of honoring and celebrating cultural diversity. The Diversity Committee provides consultation to all VCCC staff regarding cultural issues.

(d) Training and Staffing: DESC sponsors a minimum of one in-house staff training per year focused on cultural awareness/competence. Other community training on age, sexual minorities and ethnic minority cultural competence is available and supported by the agency paying the cost of training.

VCCC has provided cultural awareness training to all staff on a yearly basis. Staff are also able to attend agency funded external trainings. Staff, initially received training on

serving the homeless from a well respected agency, in Seattle, that has been doing this work for a number of years. Now they receive ongoing training, that is offered in the community yearly.

16. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

DESC involves consumers in the planning, implementation and evaluation of services in the following ways. Consumer meetings are held in the DESC Drop-in Center every other week in order to maintain an avenue for clients to offer input regarding the quality and nature of services provided. These meetings are facilitated by a "consumer provider" who is a member of the PATH program and also coordinates the drop-in center operation. PATH program supervision and/or program management staff attend this meeting on a monthly basis to engage in dialogue with clients in order to get more direct programatic feedback and ideas. Parents are very rarely involved in the lives of the subset of people served in DESC's PATH program. The preliminary goal of rebuilding a basic relationship with the nuclear family is the more likely goal. PATH eligible consumers volunteer to assist in some of the basic operations and cleanup of the drop-in center, including acting as a tutor/mentor in the computer lab.

VCCC has a Client Advisory Committee that meets monthly and addresses various needs of the client populations served. PATH clients are welcome, but as yet have not participated in the Client Advisory Committee. At times there have been homeless people who have participated in this committee. This committee discusses and makes recommendations to VCCC. In addition, VCCC staff attend National Alliance for the Mentally Ill-South King County meetings on a regular basis and regularly make presentations at their meetings.

VCCC staff have and will continue to work within the client's natural support system. Due to the homelessness of PATH clients, many do rely on a family member to be the primary contact. This allows PATH staff the opportunity to hear from families about what is working and what isn't.

Washington State PATH Application 2005
King County Regional Support Network

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$174,678	$63,637			$238,315
b. Fringe Benefits	$32,883	$25,241			$58,124
c. Travel	$7,000				$7,000
d. Equipment (Palm Pilots)	$1,375				$1,375
e. Supplies	$6,000				$6,0000
f. Contractual	$25,130				$25,130
g. Construction					$0
h. Other - Data Agreement with NWRA	$9,320				$9,320
i. Total Direct Charges (sum of 6a - 6h)	$256,386	$88,878			$342,264
j. Indirect Charges	$5,020				$5,020
k. TOTAL (sum of 6i and 6j)	$261,406	$88,878			$350,284
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks: Match for the total amount of the award is provided by King County Regional Support Networ (RSN) dedicated funds and State funds used for the Homeless, Outreach, Stabilization and Transition (HOST) Project. All match funds will be available at the beginning of the award period. *Please note that one of the PATH contracted provider agencies, VCCC, rolled their Fringe Benefits into the amount in the category of Personnel.	

King County Regional Support Network
FFY 2005 PATH Re-application
SF 424A Budget Narrative

The Federal PATH base allocation for the King County Regional Support Network (KCRSN) for FFY 2005 is $240,901. Of that amount, $115,788 supports Downtown Emergency Service Center (DESC) and the remaining $125,113 supports Valley Cities Counseling and Consultation (VCCC). Additionally, $19,130 will be allocated to Northwest Resource Associates to support the Palm Pilot Data Collection Project. Finally, an additional $1,375 is allocated to KCRSN for purchase and repair of devices for the Palm Pilot Data Collection Project. Of this amount, KCRSN is allocating $1,000 to DESC and $375 to VCCC

CONTRACTUAL

SF 424A Budget Narrative
FY 2005-2006

Personnel

Position	**Annual Salary***	**PATH-funded FTE**	**PATH Funded Salary**	**Total**
Outreach Case Mgr.	$27,912	1.0	$ 27,912	
Outreach CM/Sprvsr.	$34,920	.11	$ 3,790	
Intensive Case Mgr.	$27,912	1.0	$ 27,912	
Intensive Case Mgr.	$29,508	.789	$ 23,291	
Outreach Case Mgr.	$33,585	1.0	$ 33,585	
Outreach Case Mgr.	$25,189	.75	$ 25,189	
Supervisor	$11,409	.25	$ 11,409	
Fringe Benefits **			$ 21,590	
Enter subtotal on 424A, Section B, 6.a.				**$174,678**

*Indicate "annualized" salary for positions.
**The "Personnel" category, Section B, 6.a. of 424A includes $21,590 for Fringe Benefits (for VCCC).

Fringe Benefits (for DESC)
Enter subtotal on 424A, Section B, 6.b. $ 32,883 **$ 32,883**

Travel
Staff mileage reimbursement including transporting clients at 38.5 cents per mile
Enter subtotal on 424A, Section B, 6.c. **$ 7,000**

Equipment
Palm Pilot equipment for data collection
Enter subtotal on 424A, Section B, 6.d. **$ 1,375**

Supplies
Office supplies and any supplies given to clients such as snacks

or other qualifying items Enter subtotal on 424A, Section B, 6.e.	**$ 6,000**
Contractual Translation services, transcription of psychiatric evaluations and special population consultations when necessary and Data Agreement with NWRA Enter subtotal on 424A, Section B, 6.f.	**$ 25,130**
Construction Enter subtotal on 424A, Section B, 6.g.	**$ 0**
Other Direct client assistance includes costs associated with obtaining shelter for eligible clients, psychiatric services for clients Enter subtotal on 424A, Section B, 6.h.	**$ 28,450**
Total Direct Charges (sum of 6.a-6.h) Enter subtotal on 424A, Section B, 6.i.	**$256,387**
Indirect Costs Occupancy, clinical support, psychiatric services. Enter subtotal on 424A, Section B, 6.h.	**$ 5,020**
Total (sum of 6i and 6j)--Enter total on 424A, Section B, 6.k.	**$261,406**

Section C: Local Provider Intended Use Plans

17. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Downtown Emergency Service Center
515 Third Avenue
Seattle, WA 98104

Downtown Emergency Service Center (DESC) is a multi-service center serving homeless adults. DESC provides shelter, permanent housing, mental health and chemical dependency services. DESC is located in downtown Seattle, within the King County Regional Support Network. DESC is a state licensed Community Mental Health and Chemical Dependency Treatment Provider. DESC prioritizes services to the most vulnerable subset of homeless adults. PATH funds are used to outreach, engage and stabilize homeless adults with serious/severe mental disorders living within the City of Seattle and, north and east King County

18. Indicate the amount of federal PATH funds the organization will receive.

For the FY 2005, for PATH services, the federal funding will be $115,788. For equipment costs to support the PATH Palm Pilot Data Collection Project, DESC will receive $1000. A detailed budget is attached.

19. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

    a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of “imminent risk of homelessness”);

Projected total number of clients receiving PATH funded services: 445
Approximately 95% (estimate) will be "literally" homeless. The remaining 5% will be existing clients housed at the beginning of the fiscal year as a result of receiving PATH funded services in the previous fiscal year. They would be considered to be at risk of losing housing, but not at imminent risk.

Approximately 310 will be new contacts within the PATH reporting year. This projection is based on the projects performance in the 2004-2005 PATH reporting year. The number of staff and variables affecting project goals remains largely the same.

    b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

All Federal PATH funds received by DESC are used to fund direct services in the form of outreach, engagement and stabilization case management services for homeless persons

who are determined to have a severe and persistent mental illness or concurrent mental illness and substance abuse.

Although PATH funding is targeted to outreach and engagement of seriously mentally ill, homeless adults, the broader range of services listed below are integrated and augmented with additional local funds:

- Outreach and Engagement
- Screening and Diagnostic Treatment
- Habilitation and Rehabilitation
- Community Mental Health Services
- Alcohol or Other Drug Treatment
- Staff Training
- Case Management Services
- Referrals for Primary Health Services, Education Services, Job Training, and Housing Services
- Technical assistance in applying for housing

c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.

Housing:
Downtown Emergency Service Center - Major provider of supportive housing and Safehaven housing for PATH recipients. As this is in-house resource, we are able to achieve a high degree of coordination at point of housing placement, and integration of service after housing is acquired. Significant supportive service is available within DESC housing.

Archdiocesan Housing Authority (AHA) - Known for housing homeless adults and providing a degree of housing support. Coordination of services between PATH funded staff and done with relative ease and with philosophical congruence. DESC and AHA staff coordinate efforts to assure appropriate support is available to the client as they stabilize in housing.

Plymouth Housing Group (PHG) - Large provider of low income housing in Seattle. Also manages the Shelter Plus Care vouchers for the area. Some of PHG's housing stock is appropriate for PATH clients. DESC staff and PHG staff coordinate efforts to assure appropriate support is available to the client as they stabilize in housing. DESC recently entered into an agreement with PHG establishing 5 “set aside” units in one of their buildings just 1 block from the PATH funded team office.

Seattle Housing Authority (SHA): Manages Section 8 resource applied to DESC and other housing programs. This is primarily an applications processing arrangement.

Shelter:
Downtown Emergency Service Center (DESC), Archdiocesan Housing Authority (AHA), and Salvation Army's William Booth Center provide the key shelter resources for adults with severe mental disorders and co-occurring mental and substance abuse conditions.

PATH staff are officed in the DESC's shelters. They also provide direct outreach to Noel House, an AHA shelter for women. Shelter staff assist in identification of PATH eligible persons and facilitate engagement. Other shelters make referrals as appropriate and assist in the initial engagement while continuing to provide shelter until housing can be acquired.

Primary Health Care:
Health Care for the Homeless maintains a medical clinic within DESC's shelter. Emphasis is placed on assessment, engagement and referral to Harborview Hospital clinics, especially the Pioneer Square Clinic, a major provider of health care for PATH clients. DESC staff maintain strong working relationships with Health Care for the Homeless and Pioneer Square Clinic.

Crisis:
Harborview Emergency Room/Crisis Triage Unit: DESC has a long history of receiving referrals from the E.R./Crisis Triage Unit to DESC's shelter and Crisis Respite Program. PATH staff frequently go to Harborview's emergency room to deliver crisis intervention services and attempt to prevent inpatient psychiatric hospitalization.

Harborview Mental Health Services: Provides crisis services to some PATH clients in the initial stage of engagement and refers others in obvious need of an assertive outreach and engagement effort to DESC's PATH program.

Mental Health Care:
Health Care for the Homeless: DESC hosts two mental health practicioners, providing office space and support. People screened out for PATH funded services are referred to HCH as they are positoned to fill part of the service gap existing between DESC’s PATH program and the Medicaid funded community mental health system.

Downtown Emergency Service Center: Many PATH clients transition to DESC's mental health services for on-going case management and treatment. Others are transitioned to a variety of agencies specializing in serving particular minority groups, or other agencies more geographically convenient to the client's residence.

Outreach:
Mental Health Chaplaincy: A small but effective outreach program prioritizing effort to homeless adults with serious/severe mental disorders and not succeeding in engaging with mainstream services. Coordination between the Mental Health Chaplaincy and DESC's PATH program is tight in order to avoid duplication of services and to assist in locating clients who are lost to follow-up.

Cultural Competency:
DESC maintains contracts with several community mental health providers specializing in serving ethnic and sexual minority persons, providing cultural consultation services on at least an annual basis for each client receiving intensive case management services. The agency database is used to track compliance with this requirement. Consultation guidance is incorporated into service/treatment plans and enhance the skill set of PATH funded staff.

Substance Abuse Treatment:

Substance abuse treatment for PATH clients is provided by two DESC-PATH statff members who are Chemical Dependency Professionals. DESC is also a licensed chemical dependency provider, enabling us to provide highly integrated care for those willing and able to work more directly on their chemical dependency concerns. Outpatient individual and/or group treatment is available.

Evergreen Treatment Services (ETS): DESC enjoys a cooperative working relationship with ETS, enabling us to better serve people needing methadone treatment and in working with persons who are chronic alcohol dependent.

Income and Benefits Related:
Department of Social and Health Services (DSHS): DESC's PATH program forged a strong working relationship with the DSHS that streamlines the application process for PATH clients. This working agreement has been enshrined in DSHS procedural language. This working agreement provides what is best characterized as presumptive eligibility for SSI/SSDI.

Social Security Administration (SSA): Significant activity with SSA in acquiring, maintaining and renewing SSI and SSDI benefits. Communication and coordination with SSA offices has been more frequent and informative in the past two years. SSA staff periodically attended PATH team meetings to educate staff about rights, rules and efficient interaction with SSA staff.

d. gaps in current service systems;

Service Capacity: Due to State funding shortages, King County is unable to provide an adequate supply of mental health treatment/services to meet the needs of people without Title XIX Medicaid. Because of pending changes in the rules regarding the ways Medicaid savings can be expended, this situation is likely to worsen.

Response: Increase knowledge and efficiency in SSI application process: Continued communication with SSA representatives and related staff education; Maintenance of the excellent agreement with DSHS which expedites the process of acquiring SSI; continue advocacy for increase in funding for PATH eligible persons; pursue any expansion grants offered at the local, State, or Federal level that would allow services to homeless persons with severe and persistent mental ill who don't have Medicaid and people not eligible for Medicaid. As mentioned in 3.c, Health Care for the Homeless (HCH) has a mental health team available to work with some of the non-Medicaid population. DESC's PATH program maintains a collaborative relationship with HCH.

Housing Shortage: Subsidized and supported housing supply is insufficient to meet the needs of PATH eligible people in Seattle and the surrounding area.

Response: DESC pursued and received a McKinney-Vento award to fund 60 scattered site units for 60 homeless adults, allowing us to move closer to a pure "housing first" model. Some of these units will be available for persons served through PATH funding. DESC will continue to agressively develop supportive housing with the PATH population in mind.

Shortage of chemical dependency treatment services for people without public entitlements.

Response: DESC will continue providing chemical dependency treatment to PATH program consumers with Medicaid and those eligible for treatment available through a local "low income" funding. Unreimbursed chemical dependency treatment will also be provided to the degree possible. DESC will also continue to advocate for additional treatment money for the indigent population with concurrent mental disorders and substance abuse.

Shortage of dental services. Dental services continue to be in short supply due to the diminishing number of dentists willing to accept Medicaid reimbursement rates. And very few dental services provide free dental care.

Response: Advocate for an increased reimbursement rate in order to bring more dentists into the Medicaid provider pool. Continue to identify and maintain accurate lists of any and all dental services that are free or subsidized. The University of Washington Dental School is one such entity.

e. services available for clients who have both a serious mental illness and substance use disorder;

Multiple mental health providers in the Seattle area have become licensed to provide chemical dependency treatment. DESC became a licensed outpatient chemical dependency provider in 1999. We have developed our chemical dependency treatment program with the PATH population and chronic substance abusing population in mind. Integration of chemical dependency treatment and mental health services at DESC is tight. Other agencies providing integrated mental health and chemical dependency services are available, but not designed to meet the needs of a population with the characteristics of DESC-PATH program recipients. The PATH team has weekly psychiatric consultation meetings with the psychiatrist (DESC Medical Director). One meeting each month is focussed on assessment and provision of services to people with co-occurring mental health and substance abuse.

f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

DESC will continue to aggressively pursue funding for development of subsidized supportive housing. We will build on a strong track record of developing and operating housing that meets the needs and limitations of the PATH eligible population. Housing longevity and clinical stabilization remain the focal points of our effort. DESC operates Kerner-Scott Safehaven with a flexible entry approach as well as a highly individualized service model. Many PATH clients are prioritized for apartments at Kerner-Scott Safehaven. DESC also operates three other buildings using a unique supportive housing model that received a HUD best practice award. Two more buildings targeting chronic homeless populations are on-line to be available, one in 2005 and one 2006.

DESC works with Seattle Housing Authority for the Section 8 resource that is applied to DESC housing, and with Plymouth Housing Group for the Shelter Plus Care vouchers available to DESC PATH clients.

20. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

DESC's Executive Director is a member of the McKinney Steering Committee, the group that sets the Seattle/King County continuum of priorities which guides what goes into the local application to HUD for continuum of care funds. He also sits on the advisory board of King County's Ten Year Plan to End Homelessness. A DESC program director co-chairs the Seattle/King County Coalition for the Homeless and DESC's Clinical Director is a member of the State Mental Health Planning and Advisory Council. All of these groups provide input and advice to local and state funding entities regarding housing priorities.

21. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

(a) Seattle/King County Coalition for the Homeless (SKCCH) coordinates a comprehensive one-night count of homeless persons each year. This is a highly coordinated event, but cannot possibly represent the entire homeless population due to the vast size and rural nature of much of King County. Select results of the 2004 count follow:
Total Estimated Homeless (on a given night): 8,300
Street Count: 2,216
Estimated additional uncounted on street: 1,500
Last Permanent Address: 60% in City of Seattle; 10% in balance of King County; 19% out of state addresses.

Official results of the 2004 One-Night-Count have not been released as of this writing. Therefore, 2003 demographic breakdowns are offered below. Additionally, survey Results of those being served by a homeless services provider (probably over represents some categories as the survey represents populations for whom funding is more available).

Gender: 58% male; 42% female
Age: 0 - 17: 31%; 18-25: 10%; 26-59: 55%; 60-84: 5%
*Race/Ethnicity:
Caucasian: 39%; African American: 38%; Hispanic: 11%; Asian/Pacific Islander: 4%; Native American: 3%; Multi-racial: 5%
*African Americans have the greatest disparity between general population and homeless population prevalence. 38% of the homeless population is African American while they make up just 5% of the general population. Predictably, the Caucasian homeless prevalence is half that of the general population prevalence.

The population served in DESC's PATH funded program is very diverse.
Ethnic/racial minority populations are over represented compared to their prevalence in the general community. Sexual minorities and older adults are also clearly represented among the PATH eligible population.

(b) Currently, all staff serving the PATH program are Caucasian. One of the PATH case managers is bilingual in English and Spanish, assuring our ability to capably serve monolingual Spanish speaking consumers. In additon to having a bilingual/bicultural case manager on the PATH team, a fully certified interpretation service is used as needed to bridge the language gap with clients having limited or no English proficiency.

(c) PATH clients who are members of specific minority groups and engage in case management services have an annual cultural consultation done with a qualified minority mental health provider (per Washington Administrative Code). In addition to getting individualized consultation focused on cultural issues and implications for case management and psychiatric treatment, this activity provides case managers with multiple opportunities to expand their general cultural competency.

(d) Training and Staffing: DESC sponsors a minimum of one in-house staff training per year focused on cultural awareness/competence. Other community training on age, sexual minorities and ethnic minority cultural competence is available and supported by the agency paying the cost of training.

22. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Program Administration: Consumer meetings are held in our Drop-in Center every other week in order to maintain an avenue for clients to offer input regarding the quality and nature of services provided. These meetings are facilitated by a "consumer provider" who is a member of the PATH program and also coordinates the drop-in center operation. PATH program supervision and/or program management staff attend this meeting on a monthly basis to engage in dialogue with clients in order to get more direct programatic feedback and ideas. Parents are very rarely involved in the lives of the subset of people served in DESC's PATH program. The preliminary goal of rebuilding a basic relationship with the nuclear family is the more likely goal. PATH eligible consumers volunteer to assist in some of the basic operations and cleanup of the drop-in center, including acting as a tutor/mentor in the computer lab.

Washington State PATH Application 2005
King RSN -- Downtown Emergency Service Center

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$82,905	$63,637			$146,542
b. Fringe Benefits	$32,883	$25,241			$58,124
c. Travel					$0
d. Equipment	$1,000				$1,000
e. Supplies					$0
f. Contractual					$0
g. Construction					$0
h. Other - Client Assistance & Support					$0
i. Total Direct Charges (sum of 6a - 6h)	$116,788	$88,878			$205,666
j. Indirect Charges					$0
k. TOTAL (sum of 6i and 6j)	$116,788	$88,878			$205,666
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

SF 424A Budget Narrative
FY 2005-2006

Downtown Emergency Service Center

Personnel

Position	**Annual Salary***	**PATH-funded FTE**	**PATH Funded Salary**	**Total**
Outreach Case Mgr.	$27,912	1.0	$27,912	
Outreach CM/Sprvsr.	$34,920	.11	$ 3,790	
Intensive Case Mgr.	$27,912	1.0	$27,912	
Intensive Case Mgr.	$29,508	.789	$23,291	
Enter subtotal on 424A, Section B, 6.a.				**$ 82,905**

* Indicate "annualized" salary for positions.

Fringe Benefits

Enter subtotal on 424A, Section B, 6.b.	$ 32,883.00	**$ 32,883**

Equipment

Palm Pilot equipment for data collection	**$ 1,000**

Total Direct Charges (sum of 6.a-6.h) Enter subtotal on 424A, Section B, 6.i.	**$205,666**
Total (sum of 6i and 6j)--Enter total on 424A, Section B, 6.k.	**$205,666**

No other costs are allocated to Federal PATH funds.

Y:gha/Reports/PATH IUP Budget Narrative 2005-06

Section C: Local Provider Intended Use Plans

23. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Valley Cities Counseling & Consultation
2704 "I" Street N.E.
Auburn, WA 98002

Valley Cities Counseling & Consultation (VCCC) is a community based behavioral health agency providing outpatient services to adults, children and families. Valley Cities is based in Auburn, Washington and also has clinical sites in Kent and Federal Way. The agency primarily serves South King County residents including the rural areas of South East King County such as the cities of Enumclaw, Ravensdale, Black Diamond, Maple Valley, Covington and unincorporated King County.

Funds flow from the State of Washington's Mental Health Division through the King County Regional Support Network (KCRSN), also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (KCMHCADSD), to Valley Cities. We have a contract with KCMHCADSD for the services we provide.

24. Indicate the amount of federal PATH funds the organization will receive.

For the FFY 2005, the federal funding will be $125,488. A detailed budget is attached.

25. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

    a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

It is projected that at least 130 clients will be served by the VCCC PATH Program in FY 2005. Of that amount it is estimated that 30% are projected to be "literally" homeless at the time of their initial PATH services. Staffing levels will remain the same for 2005 as they were for 2004. We served approximately the same number in 2004. Of this number, about 30% were living on the street, in cars or in the woods.

    b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

Although PATH funding is targeted to outreach and engagement of seriously mentally ill, homeless adults, other services are provided as part of a combined funding program which include:

- Outreach and Engagement
- Screening and Diagnostic Treatment
- Habilitation and Rehabilitation

- Community based Behavioral Health services (mental health and chemical dependency treatment)
- Staff Training
- Case Management Services
- Referrals for Primary Health Services, Education Services, Job Training, and Housing Services
- Housing services

o. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Community organizations include the following:

1) H.O.M.E. Men's Shelter - Kent, WA. This men's shelter run by Catholic Community Services. We both receive and make referrals to each other.

2) YWCA of South King County - Renton, WA. We receive section 8 vouchers from this organization. We are able to refer clients to the women's shelter and we receive referrals from them

3) Taylor Houses - Algona, WA. These are several Clean and Sober houses that are able to accept housing referrals for PATH clients. Taylor Houses has also referred clients to the PATH Program.

4) Multi Service Center - Kent, WA. We are able to refer PATH clients to this organization for shelter information, hotel vouchers and gas vouchers.

5) Catholic Community Services - Kent, WA. They provide rental and utility assistance. We receive referrals from them.

6) SeaMar Recovery Center - Seattle, WA. It is an in - patient CD treatment program. They have referred homeless clients to PATH and we have been able to refer PATH clients there for services.

7) Community Health Centers - Auburn and Kent, WA. We have been able to refer PATH clients here for physical examinations and medication services.

8) Prosperity House. An In Patient treatment for women with CD issues .We both make and receive referrals from PATH.

9) Hospitality House. Short-term shelter with case management provided we both receive.

10) Plymouth Housing/Shelter Plus Care - Seattle, WA. In agreement with VCCC will accept appropriate referrals of homeless mentally ill clients who are engaged in behavioral health services and agree to continue to receive behavioral health treatment after they exit the PATH sponsored program.

11) Healthcare for the Homeless. Provides health-related services to families who are enduring homelessness. Their multi-disciplinary staff includes professionals in the fields of: Primary Health Care, Nursing, Psychiatry, Social Work, Mental Health and Chemical Dependency. A part of this program is with VCCC.

12) Recovery Centers of King County - Provides Chemical Dependency services including detox, inpatient and outpatient treatment services.

13) Local police departments and the County Sheriff's Department that provide referrals to VCCC

Coordination efforts include the following:
VCCC staff funded by PATH have established mutual working relationships with the above and numerous other referring service providing agencies. Regular contact with the YWCA, Catholic Community Services, Multi Service Center, H.O.M.E. and other agencies have been occurring on a regular basis. Prosperity House, Taylor House and Hospitality House are contacts which have very regularly provided and received referrals of PATH or PATH eligible clients. In addition, local hospital emergency rooms refer prospective clients to us.

VCCC PATH staff participate in and attend monthly meetings of Plymouth Housing Group. The purpose of these meetings is to administer the distribution of Shelter Plus Care housing vouchers, case discussion to share information and to maximize the allocation of these housing resources.

VCCC PATH staff attend regularly scheduled Housing Network Meetings sponsored by MHDCADSD.

VCCC administers the Healthcare for the Homeless Project. VCCC PATH staff meet on a regular basis with Project staff to facilitate referral and the engagement of appropriate homeless clients into that program.

VCCC PATH staff have regular dialog with St. Francis Hospital and the King County Mental Health Court to facilitate the expeditious referral and engagement of clients to the program.

VCCC staff have worked closely with and have regular meetings with our Vocational staff for the purpose of both job assessment/placement and referral of homeless clients for State funded vocational rehabilitation services.

VCCC PATH staff work collaboratively with the above agencies. Referrals are both received and made to best meet the individual client's needs.
p. gaps in current service systems;

Gaps and strategies to address them include:

1. The inadequate supply of affordable and subsidized housing with appropriate support services to meet the needs of severely and persistently mentally ill persons who have been homeless. There is not enough clustered living (shared housing without 24-hour staffing) available. Difficulties acquiring housing because of community opposition to housing this population in their communities and the simple financial burden of acquiring single family dwellings in the metropolitian Seattle housing market make this a difficult niche to penetrate.

Response:We work with the YWCA to aquire Section 8 housing vouchers and with Plymouth Housing Group to aquire Shelter Plus Care housing vouchers. We have formed a colaboration with the Low Income Institute to aquire additional subsidized

rental units. In addition, we have begun, with a non-profit housing project developer, to build and own a 16, one bedroom, unit apartment complex.

2.. There is a minimal capacity in the mental health system for persons not funded by Medicaid, for on-going mental health treatment. Response: coordinate with Community Health Centers and Primary Care Physicians. Attempt to acquire Medicaid spend downs for those individuals with Medicare.

3. Counseling services for individuals experiencing a temporary emotional crisis or simply being in need of emotional support in order to cope with the variety of stresses associated with becoming and remaining homeless is limited.
Response: PATH staff are Bachelor's level State Registered Counselors who are able to offer some short term counseling needs.Staff continue to identify other counseling resources within the community to help address longer counseling needs. Staff will continue to diligently seek resources to meet these gaps.

4. There is a shortage of appropriately designed chemical dependency treatment for homeless people with co-occurring mental health and substance use disorders.
Response: VCCC is a licensed chemical dependency provider. Special vouchers are still made available to non-medicaid PATH clients who are able to be served through our co-occurring disorders (COD) program. Funded COD clients can be directly referred into the VCCC COD program.

5. Funding for vocational services continues to be inadequate to meet the need. Funding for these services is worse in FY 2005, then in prior years.
Response: VCCC continues to be committed to vocational services and have vocational staff to assist clients in negotiating the DVR system and obtain appropriate training and job preparedness in spite of limited fiancial resources.

6. Access to frequently expensive psychiatric medications for clients keeps many with ongoing and increased symptoms. Medication stability would greatly improve the probablility of engaging, transitioning and housing these individuals.

Response: PATH continues to contract for one hour per week of agency psychiatric time for evaluations and medication management. VCCC psychiatric staff have been able to additionally assist PATH clients by continuing to provide sample medications to them. A number of PATH clients are not eligible for on-going mental health services, but are willing to continue with PATH. On-going psychiatric services are limited.

7. Access to facilities for hygiene, laundry, storage of belongings, etc.
Response: VCCC has shower facilities at its main site in Auburn. We also have available tote bags with hygiene supplies that we can provide to PATH clients. In addition, we rent a storage unit to store client belongings. We also work with a limited number of homeless shelters that have these resources.

q. services available for clients who have both a serious mental illness and substance use disorder;

-VCCC is a licensed chemical dependency provider and as such is able to make an expeditious transfer to co-occurring disorder (COD) services. PATH staff meets on a regular basis with COD staff to discuss COD issues and case transfers.

-VCCC provides psychiatric evaluations, medication management and sample medications for enrolled PATH clients.
-VCCC staff assist clients in negotiating the DSHS system to help receive ADATSA approval and access to additional CD treatment options.
-VCCC assists individuals, who are eligible for Medicaid, obtain Medicaid benefits so they are able to access publically funded mental health and chemical dependency services, in addition to physical medical services.

r. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

VCCC participates in a Special Section 8 voucher and the Plymouth Housing Shelter Plus Care programs. VCCC currently gets access to Shelter Plus Care housing vacancies and is able to access the Section 8 voucher program to assist in transitioning clients to residential stability. Through PATH funding, one time rental assistance has helped secure or maintain a client in housing.
Again, we work with the YWCA to aquire Section 8 vouchers, Plymouth Housing Group to aquire Shelter Plus Care vouchers, LIHI for apartment 8 units and are working with a developer to create 16 single bedroom units.

Resources for housing in mostly rural South King County are more limited than the more urban parts of King County. There are more shelters available in urban King County, which facilitates admission to transitional housing resources.

26. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Valley Cities participates in the Section 8 voucher and Shelter Plus Care programs.

VCCC PATH program staff attend monthly Shelter Plus Care Housing Coordination meetings.

VCCC PATH program staff attend the Housing Network Meetings facilitated by MHCADSD.

27. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

Valley Cities primarily serves South King County residents including the rural areas of South East King County such as cities of Enumclaw, Black Diamond, Ravensdale, Maple Valley and Covington.

Staff in this program have attended specific trainings to deal with the needs of this targeted population. Previous to becoming PATH project staff, they were mental health clinical staff of VCCC and received significant training on working with the chronically mentally ill adult. They will be attending a Presumptive Diability Eligibility training in

March and also attending a training on Working with Difficult People. They also have at least 2 years of clinical experience.

VCCC believes in addressing the cultural needs of its clients. We have minority mental health specialists on staff and also contract with a number of minority mental health agencies. VCCC also has an active Cultural Diversity Committee whose job is to bring cultural differences to the conscience level of all staff and to educate staff on the importance of honoring and celebrating cultural diversity.

The Diversity Committee provides consultation to all VCCC staff regarding cultural issues. VCCC has provided cultural awareness training to all staff on a yearly basis. Staff are also able to attend agency funded external trainings. Staff, initially received training on serving the homeless from a well respected agency, in Seattle, that ha been doing this work for a number of years. Now they receive ongoing training, that is offered in the community, yearly.

28. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

VCCC staff have and will continue to work within the client's natural support system. Due to the homelessness of PATH clients, many do rely on a family member to be the primary contact. This allows PATH staff the opportunity to hear from families about what is working and what isn't.

VCCC has a Client Advisory Committee that meets monthly and addresses various needs of the client populations we serve. PATH clients are welcome, but as yet have not participated in the Client Advisory Committee. At times there have been homeless people who have participated in this committee. This committee discusses and makes recommendations to VCCC. In addition, VCCC staff attend National Alliance for the Mentally Ill-South King County meetings on a regular basis and regularily make presentations at their meetings.

Washington State PATH Application 2005
King RSN -- Valley Cities Counseling & Consultation

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$91,773	** See note on next page			$91,773
b. Fringe Benefits	*				$0
c. Travel	$7,000				$7,000
d. Equipment	$375				$375
e. Supplies	$6,000				$6,000
f. Contractual	$6,000				$6,000
g. Construction	$0				$0
h. Other-Direct Client Assistance	$9,320				$9,320
i. Total Direct Charges (sum of 6a - 6h)	$120,468				$120,468
j. Indirect Charges	$5,020				$5,020
k. TOTAL (sum of 6i and 6j)	$125,488				$125,488
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks: * VCCC includes fringe benefits in personnel in their local accounting system. ** This agency is one of two agencies sub-contracted to King RSN. King provides sufficient local funds to the other agency to constitute match in an amount sufficient for both agencies.	

SF 424A Budget Narrative
FY 2005-2006

Valley Cities Counseling and Consultation

Personnel *

Position	**Annual Salary****		**PATH-funded FTE**	**PATH Funded Salary**	**Total**
Outreach Case Mgr.	$33,585		1.0	$33,585	
Outreach Case Mgr.	$25,189	.75		$25,189	
Supervisor	$11,409	.25		$11,409	
Fringe Benefits				$21,590	
Subtotal (424A, Section B, 6.a.)					**$91,773**

*The "Personnel" category, Section B, 6.a. of 424A includes the amounts for Fringe Benefits.
** Indicates "annualized" salary for positions.

Fringe Benefits **(**See "Personnel" above.)
Enter subtotal on 424A, Section B, 6.b. *****

Travel
Staff mileage reimbursement including transporting clients at 38.5 cents per mile
Enter subtotal on 424A, Section B, 6.c. **$ 7,000**

Equipment
Palm Pilot equipment for data collection
(VCCC anticipates addition office equipment costs for PC's and printers for the PATH program. It is estimated that an additional $1,625 will be needed to meet these expenditures.)
Enter subtotal on 424A, Section B, 6.d. **$ 375**

Supplies
Office supplies and any supplies given to clients such as snacks or other qualifying items
Enter subtotal on 424A, Section B, 6.e. **$ 6,000**

Contractual
Translation services, transcription of psychiatric evaluations and special population consultations when necessary.
Enter subtotal on 424A, Section B, 6.f. **$ 6,000**

Construction

Enter subtotal on 424A, Section B, 6.g. **$ 0**

Other
Direct client assistance includes costs associated with obtaining shelter for eligible clients, psychiatric services
Enter subtotal on 424A, Section B, 6.h. **$ 9,320**

Total Direct Charges (sum of 6.a-6.h)
Enter subtotal on 424A, Section B, 6.i. **$117,548**

Indirect Costs

Occupancy, clinical support, psychiatric services.

Enter subtotal on 424A, Section B, 6.h.	**$ 5,020**
Total (sum of 6i and 6j)--Enter total on 424A, Section B, 6.k.	**$125,488**

This agency is one of two agencies sub-contracted to King RSN. King provides sufficient local funds to the other agency to constitute match in an amount sufficient for both agencies.

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties

117 North First Street, Suite 8 • Mount Vernon, WA 98273 • 360.416.7013
800.684.3555 • Fax 360.416.7017 • TTY 360.419.9008 • Email nsrsn@nsrsn.org • Web Site http://nsmha.org

February 24, 2005

Hank Balderrama
Mental Health Division/DSHS
P.0. Box 45320
Olympia, WA 98504-5320

Dear Mr. Balderrama,

The North Sound Mental Health Administration (NSMHA) is pleased to submit our Intended Use Plan, Budget, and Budget Narrative for the 2005-6 PATH Program. We believe that this program is increasingly valuable for it allows assertive outreach and supports to people with serious mental illnesses who are homeless and do not quality for other services. The NSMHA, Compass Health and Whatcom Counseling and Psychiatric Clinic as well as their respective communities appreciate this opportunity to serve over 600 people who are homeless and mentally ill under this contract. The NSMHA intends to contract with MHD for these services and will in turn sub-contract with Compass Health and Whatcom Counseling and Psychiatric Services to provide PATH services.

In this proposal, outreach is significantly expanded in Snohomish County because Compass Health has been forced to at least temporarily close their Drop-In Center due to lack of funds and the changing interpretations of Medicaid rules. This will mean more outreach will occur, but there will be the loss of valuable services for homeless people.

This proposal continues the recent initiation of PATH Services in Whatcom County. PATH Services in this county compliment both the outreach services to homeless substance abusers and the Rainbow Center clubhouse services.

Both Compass Health and Whatcom Counseling and Psychiatric Clinic certify to the NSMHA and the Mental Health Division that local non-federal funds are available at the beginning of the award year and will be sufficient to meet federal requirements.

We look forward to our continued work with you on this contract.

Sincerely,

Charles R. Benjamin
Executive Director

CC: Jess Jamieson, CEO, Compass Health
Andy Byrne, CEO, Whatcom Counseling and Psychiatric Clinic

Section C: Local Provider Intended Use Plans

29. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

North Sound Mental Health Administration (RSN)
117 N 1st. St, Suite 8.
Mt. Vernon, WA 98273 (360) 416-7013

The North Sound Mental Health Administration (NSMHA) is the Regional Support Network (RSN) covering the five northwest counties of Washington State, Snohomish, Skagit, Whatcom, Island and San Juan. A Board of Directors comprised of elected county commissioners or their designees of the five counties governs the RSN. The Region has a population of over 1 million people and 120,000 Medicaid eligible individuals. NSMHA is also a publicly funded Inpatient Health Plan serving the needs of residents of Island, San Juan, Skagit, Snohomish, and Whatcom Counties.

Everett and Bellingham are the two largest cities in the Region and have significant homeless and street populations. Everett in Snohomish County has a navy base and a large Boeing Aircraft factory. Bellingham is the last large city on the west coast before entering Canada. Both Compasshealth in Everett and Whatcom County Psychiatric Clinic are respected agencies in their communities. Each has provided a broad range of community mental health services for many years.

Coordinated mental health care, including crisis outreach, outpatient and residential services are provided by at least three contracted agencies in each county. The RSN coordinates services for the homeless in Snohomish and Whatcom Counties through the PATH-funded teams operated by Compass Health in Snohomish County and Whatcom Counseling and Psychiatric Clinic in Whatcom County. The Compass Health PATH was one of the original programs in Washington State and has operated for over a decade. The NSMHA and Whatcom County is pleased that the PATH services will begin in Whatcom County on April 1, 2005.

2. Indicate the amount of federal PATH funds the organization will receive.

The NSMHA anticipates receipt of $184,812 in funds, which will be awarded in the coming year in the amount of $139, 227 to Compass Health and $45,585 to Whatcom Counseling and Psychiatric Clinic.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients including:

Please see the attached individual Intended Use Plans (IUPs) from Compass Health and Whatcom Counseling and Psychiatric Clinic for complete details regarding services, individual program demographics, and specific plans.

NSMHA audits all its contractors on an annual basis and will audit these contracts on an annual basis. NSMHA will consult with its PATH contractors on a quarterly basis to assure that they are achieving the programs objectives and to assist with any homelessness or housing issues.

a. The projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. See page 11 for definition of "imminent risk of homelessness")

Based on the combined projections of the two PATH programs in the North Sound Region, it is estimated that approximately 600 will receive outreach and engagement services. Compass Health predicts that 125 of those individuals will need mental health services while WCPC projects 45 individuals will become enrolled.

Both agencies are projecting that about 80% of the people or 480 people will be homeless, living outdoors or in short-term shelters. This is based on Compass Health's past experience with PATH consumers.

b. List services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services.

Please refer to the two NSMHA sub-contractor Intended use Plans for further details about this section of the application. Please see Compass Health's IUP and WCPC's IUP.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating, or assessment activities.

Compass Health has participated actively in the Continuum of Care planning process for years. Their staff currently serves on the steering group, subcommittees and the taskforce itself, called the Snohomish County Homeless Policy Task Force. Compass has developed a wide range of housing and works closely with the two housing authorities in Snohomish County.

WCPC has participated in the local Continuum of Care planning for years. In 2003, a group of housing and service providers developed a **Ten Year Plan to End Chronic Homelessness**. Whatcom County has passed special levies to support housing for low income and disabled people. This had lead to an array of housing options not usually found in a county of this size. WCPC and the other mental health providers in this county work in collaboration with the county housing authority.

The NSMHA works closely with all of its contractors to help identify and support areas of greatest need for the homeless and those in need of housing. In 2002, the NSMHA conducted studies on both homelessness and housing. A result of this work is a focus on developing more independent housing and high intensity treatment (such as PACT) across the Region. The NSMHA requires an annual report on housing options being used by the consumers it funds.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural

competence. (See Appendix H: "SAMSHA Guidelines for Cultural Competence.")

Please see the individual plans from Compass Health and WCPC for a complete description of their program demographics and plans to meet the population differences encountered by each team. The NSMHA has supported the development of a multi-cultural counseling program at Compass Health and sub-contracts with a mental health provider that specializes in working with Spanish-speaking people. It is NSMHA's contractual requirements that when a team and/or agency are unable to provide adequate consultation regarding a cultural, racial, gender, language or age issue that the team will seek appropriate outside consultation services.

6. **Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)**

Please see the Intended Use Plans from Compass Health and WCPC for specific descriptions of how each agency involves the homeless in the development of its plan on its staff and its advisory board.

The NSMHA has an Advisory Board that is comprised of at least 51% mental health consumers and family members. The Advisory Board reviews each contract before it is approved. Members of the Advisory Board are very interested in issues of people with mental illness that are homeless.

Washington State PATH Application 2005
North Sound RSN

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	$111,098	$56,190			$167,288
b. Fringe Benefits	$28,558	$14,412			$42,970
c. Travel	$5,999	$2,124			$8,123
d. Equipment	$2,946	$917			$3,863
e. Supplies	$2,310	$790			$3,100
f. Contractual	$13,559	$3,476			$17,035
g. Construction	$0	$0			$0
h. Other	$13,155	$5,081			$18,236
i. Total Direct Charges (sum of 6a - 6h)	$177,625	$82,989			$260,614
j. Indirect Charges	$7,187	$3,348			$10,535
k. TOTAL (sum of 6i and 6j)	$184,812	$86,337			$271,149
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks	

Section C: Local Provider Intended Use Plans

30. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

    The North Sound Mental Health Administration (NSMHA) will contract with the state Mental Health Division, and will subcontract with Compass Health, a private non-profit licensed community mental health organization, to provide direct services in Snohomish County.

    The NSMHA ensures the provision of quality and integrated mental health services for the five counties (San Juan, Skagit, Snohomish, Island, and Whatcom) served by the Prepaid Inpatient/outpatient Health Plan (PIHP). The NSMHA joins together with providers and consumers to enhance the community's mental health and support recovery for people with mental illness served in the North Sound region, through high quality culturally competent services.

    The NSMHA is committed to: 1.Ensuring that the mental health system of the five counties is "consumer-driven;" 2.Ensuring that consumers receive services that meet their individual needs appropriately; 3.The development and management of an Integrated Delivery System; 4.Ensuring that services are accessible and locally available 24 hours a day, 7 days per week; 5. Ensuring that services are culturally sensitive, appropriate and built on recipient strengths; 6. Treating people with mental illness with respect and dignity; and 7. The provisions of services that are community based and designed to assist the individual maintain an optimal level of functioning.

    Compass Health is a non-profit, licensed mental health organization dedicated to providing a full continuum of outpatient and inpatient behavioral health care for individuals of all ages and families in Snohomish, Skagit, Island and San Juan Counties. Compass Health traces its roots back more than 100 years, beginning as an orphanage in 1901. Today, it is one of the largest behavioral health care organizations in Washington, with an annual budget of nearly 37 million dollars. Compass Health is dedicated to helping those in our community who are most vulnerable attain or retain optimal mental health.

    Compass Health served nearly 17,000 clients in fiscal year 2003/04 and provided more than 500,000 hours of service in short- and long-term behavioral health, crisis care, and preventive mental health care. Clients served include children, youth, adults and older adults.

31. Indicate the amount of federal PATH funds the organization will receive.

Compass Health will receive $139,228.

32. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

    a. The projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

    A total of 500 clients will receive outreach services. Of these, approximately 125 are predicted to need mental health services.

Of those PATH clients served to date, 80% indicated they were homeless (living outdoors or in short term shelters) and 20% indicated they were at risk of homelessness (living in someone's home, living in long-term shelters). We predict that we will experience a similar break-out in the coming year.

    b. List services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

    In FY 2006, Compass Health will provide the following services:

    - Outreach - Compass Health has added outreach workers to work in the outlying areas of South and East, and North Snohomish County. This work includes making contacts with those serving homeless populations in those areas to increase referrals, as well as outreaching to the streets, campgrounds, etc., where homeless individuals may be found. The outreach counselor then works to engage the individuals in the program. In the central area of the county, our collaborative relationships result in many referrals of individuals who are homeless and may have a mental illness. All PATH services throughout Snohomish County are now provided via outreach counselors. We are uncertain how these changes will impact our ability to contact homeless individuals, and particularly to engage those who qualify into mental health services.
    - Screening and diagnostic treatment - Screening and diagnostic impressions occur as we work to engage the client. Once the client is engaged, we provide a full screening and diagnostic assessment including a five axial diagnosis which covers all life domains, focuses on recovery, is strength based and includes client voice.

    - Habilitation and rehabilitation - Compass Health provides primary mental health habilitation and rehabilitation services. Compass Health staff members refer clients to Vocational Rehabilitation and the state Department of Developmental Disabilities for additional services as appropriate.

    - Community mental health - Compass Health provides services including individual counseling, psychiatric evaluation, and medication management for PATH clients. We provide clients with a full range of mental health services. We provide case management that also includes teaching skills needed to manage symptoms; prescribing services for medications; Registered Nursing for administering

medications as needed and educating clients about their medicines (i.e. side effects). Our collaboration with a pharmacy that is on-site in Everett helps eliminate the barrier of finding a pharmacy to fill prescriptions.

- Staff training - Compass Health provides training for agency staff as well as partner agencies that refer clients to Compass Health. We are most often asked about engagement strategies by other systems, resources by our own staff, and about the day-to-day struggles of being mentally ill and homeless. This year we will also focus our partner organization training on "presumptive disability" education, helping partner case managers assist individuals into GAX, allowing us to open RSN mental health charts and provide longer-term treatment thereby stretching PATH resources. Compass Health also participates as a founding member in the Snohomish County Housing Policy Task Force that provides community education regarding many aspects of housing and homelessness in Snohomish County and are partners with that group in its stated goal of ending homelessness in Snohomish County in ten years.

- Case Management Services - including the following:
  - Preparing in conjunction with the client, and family members or supportive community members as the client allows, an individualized treatment plan for mental health services. The treatment plan is reviewed every 90 days.
  - Assistance in obtaining needed supportive services including participation in socialization groups, housing and income assistance, job training, residential support and services, protected payee services, and assistance with travel.
  - Assistance in obtaining income support services including housing assistance, food stamps, and state and/or supplemental security income benefits. This will include obtaining Medicaid benefits, which will be essential for individuals to receive ongoing mental health services.
  - Referral to other needed services such as chemical dependency treatment, Vocational Rehabilitation, Department of Developmental Disabilities, and primary health services.

- Supportive and supervisory services in residential settings - Compass Health provides several levels of residential housing with varying levels of support and supervision to match the target populations for each. For example, when our clients require the support of a residential program such as an ARRC, Boarding Home or Adult Family Home, we work with them to find, gain admission to and then thrive in this environment, either through one of our own transitional or permanent housing options or through those of collaborators, such as the local housing authorities. Our Housing Coordinator meets with clients to assist them in accessing housing services. We assist with applications to a variety of programs such as Shelter Plus Care, Section 8, and our supportive and independent housing units. We also help the client follow through with any ongoing requirements for these programs.

- Referrals for primary health services, job training, education services and relevant housing services - Compass Health has a strong relationship with the Community Health Centers who provide primary health services for most of the clients served in

the PATH project. Compass Health also has strong relationships with the Everett and Edmonds Community Colleges and their basic education programs, as well as other specialty programs designed to meet particular needs. Compass Health Employment Services program provides support for job readiness and works closely with DVR to provide comprehensive job training services for clients with mental illness. Compass health provides permanent housing for individuals with mental illness through its housing program that owns and manages 183 units. In addition, strong collaborative relations with the local housing authorities and other housing providers have allowed Compass Health to manage many more voucher and shelter-plus-care programs.

Housing Services including:

- Planning of housing
- Costs associated with matching eligible homeless individuals with appropriate housing situations
- Technical assistance in applying for housing assistance
- Improving the coordination of housing services

s. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

The Case Managers and the PATH Program Manager provide outreach to clients throughout Snohomish County through collaboration with the following:

- Community Health Centers - located throughout Snohomish County, they provide services for many of out PATH clients
- Local shelters throughout the County (including the Union Gosepel Mission - Men's and Women's Shelters, Battered Women's Shelter, Pathways for Women, and Volunteers of America). They provide short and long-term shelter for individuals in the county.
- Jails and correctional institutions including city, county and state jails and prisons. They end up detaining many individuals who are homeless and mentally ill, and we work with them to bring individuals out of these facilities as soon as is possible.
- Parole officers make referrals to us so that we can assist in getting individuals off the streets and into treatment.
- Food banks make referrals to us, and we work with them to utilize commodities as much as possible.
- Hospital Emergency Rooms and EMT personnel make referrals to us.
- Police, Sheriff, and Fire Department make referrals to us.
- DeTox centers and chemical depedency treatment providers make referrals to us, co-lead groups with us, and receive referrals from us.
- Referrals from other homeless individuals helping people they meet on the streets to get services.
- Case manager field outreach – our other Compass Health case managers make referrals.

Everett Gospel Mission, Volunteers of America, Battered Women's Shelter, Everett Housing Authority, Snohomish County Housing Authority and Housing Hope are agencies with programs that provide some services to homeless individuals, including PATH clients, and we have highly developed collaborations with them. For example, we meet on a monthly baisis with many local providers, such as those representing jails, Detox services, Home and Community Services, Adult Protective Services, Division of Developmental Disabilities, Department of Corrections, Chemical Dependency Treatment, and County Designated Mental Health Professionals, in a group called the Community Team for Adults.

This venue allows close collaboration around specific cases and/or service gaps in our community. We also meet monthly with State Home and Community Services staff to ease referrals and coordinate care so that when we serve a PATH client with physical impairments we have a strong relationship and easy referral avenue.

t. Gaps in current service systems;

The largest gap in the current service system is the lack of available low-income housing, but Compass Health has worked hard to develop housing for the homeless mentally ill, including opening 18 new housing units for homeless mentally ill adults in Marysville in April 2004. We also work with other providers to help them feel able to place our clients in their housing.

Perhaps the largest current gap for our community is the scarcity of services available to non-Medicaid eligible individuals for ongoing mental health and health care. This gap will widen with recent agreements between CMS and the state MHD regarding the waiver to provide Medicaid mental health services in the State of Washington. At this date, it seems that providers in the North Sound Mental Health Administration will only be able to provide crisis services to individuals without Medicaid benefits.

As of July 2004, ongoing services are not provided unless the individual actually has Medicaid, making the PATH grant even more important as a way to outreach and case manage many needy individuals to the point of eligibility for services. For those who do not qualify for Medicaid, or for those for whom the eligibilty process takes a very long time, we will be hard pressed to find appropriate mental health referrals to meet their ongoing needs.

Another challenge facing us in Snohomish County, and in the whole region, is a pilot project named the Washington Medicaid Integration Partnership. This pilot project will serve about 5,000 adult disabled Medicaid recipients and will integrate physical, mental and chemical dependency services under a contracted health plan. There is local concern that the amount of funding that will be taken from the mental health system to fund the project will have adverse effects on the system as a whole, and may result in less funding for those left in the RSN funded care. The project may shift more funding to individuals with disabilities and less severe mental health issues and away from individuals with more serious and chronic mental illness. This project is slated to begin in October 2005, and the impact is still unknown.

In addition, our budget for outpatient services is affected by increases in hospitalization costs, as money is withheld each month from outpatient payment if hospitalization costs exceed budgeted costs. With the rising cost of hospitalization, we believe this trend is likely to continue resulting in less funding for crucial outpatient services designed to prevent hospitalization resulting in a negative spiral of increased hospital costs and decreased services to prevent hospitalization.

Reductions in funding at the state, county and local level, as well as an accounting error at the state level, have caused Compass Health to cut approximately $3 million from its budget since January 2004. Compass has eliminated over 60 FTE's of clinical, support and administrative staff. This leaves case managers with more work and less support, which may lead to burnout and an increased staff turnover.

The impact of these factors may be that individuals stay in the PATH program longer, and in fact, may increase the number of clients screened through PATH if more individuals become homeless due to a lack of resources to fund services.

This year we have been forced to close our Homeless Drop In Center due to lack of funding. Therefore, all PATH services are provided through outreach. In addition, we have focused efforts to outreach homeless individuals in all areas of Snohomish County. We will monitor the impact of the Drop In Center closure on numbers served.

u. Services available for clients who have both a serious mental illness and substance use disorder;

We have strong linkages with local chemical dependency treatment providers inclduing Detox services. We provide services to those clients who have chemical dependency issues via referral and co-led services. We refer to several county designated chemical dependency treatment providers depending on the area of the county where the consumer is located. We provide "Surviving Sober" groups in our outlying offices. We provide MICA/Sober support groups.

v. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Compass Health's agency Housing Coordinator meets with clients to assist them in accessing housing services. We assist with applications to a variety of programs such as Shelter Plus Care, Section 8, and our own supportive and independent housing units. Compass Health has 135 Shelter Plus Care subsidies, 115 Section 8 vouchers, 183 independent housing units, many of which receive other HUD supports, and 44 beds in supervised residential facilities providing transitional housing.

We carefully match clients with appropriate housing whether that is a stand-alone unit or shared housing. Our linkages with Home and Community Services mentioned above, and with other housing providers makes it more likely to find that good fit for our PATH clients.We also help the client follow through with any ongoing requirements for these programs. Compass Health continues to seek opportunities to develop housing options for individuals with mental illness both within Compass and in collaboration with other housing organizations.

33. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Compass Health participates actively in the HUD Continuum of Care program in Snohomish County, serving on the steering group, subcommittees and the taskforce itself, called the Snohomish County Homeless Policy Task Force. Compass is involved in assessment activities and Continuum Plan creation with other housing providers in the community. Compass Health provided leadership for the Point in Time count this year. Under the auspices of the Continuum of Care, Compass Health has received funding for and developed many housing projects with a variety of funding mechanisms, including HUD 202 and McKinney funds, State Housing Trust Funds, and Low Income Housing Tax Credits.

We have also worked with advocates, housing staff, county and housing authority staff to prioritize housing for individuals with mental illness in the Continuum of Care program. This commitment continues to be strong, and is an asset to the community.

34. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

    According to the 2000 census, the total Snohomish County population is 606,676. The difficulties of counting the homeless population include the large rural areas that make up much of Snohomish County, and the invisibility of homeless individuals in those areas. While many believe that the homeless population gravitates to the urban area of Everett where more services are located, this has not been empirically proven. Our experience to date would support that theory, as the vast majority of those we outreach are located in the Everett area, but our addition of time in the outlying areas of the county may change that trend over time.

    The homeless population in Snohomish County is estimated at 1,711 based on an amended October 2003 one-night count. While the most recent one-night count information isn't yet available, and the final numbers for shelter information isn't finalized, initial information shows that at least 18,843 people were turned away from area shelters – up 18.6 percent from 2003. In addition to these figures, each month on average, 238 new homeless clients receive shelter in Snohomish County.

    The State MHD estimated in its 2003 prevalence report, "The Prevalence of Serious Mental Illness in Washington State" established a range of prevalence rates that indicates that Snohomish County has between 599 to 858 homeless mentally ill individuals. These estimates are almost certain to increase, as the Federally required one-night counts are done more and the process is improved.

    Of the 1,425 new individuals during the first half of this year who were provided shelter and reported reasons for their homelessness in the county report, 30 percent had mental health issues or chronic mental illness. The Snohomish County

Consolidated Plan for 2000-2004 estimates there is an unmet need for 126 beds for homeless individuals with chronic persistent mental illness. Compass Health maintains a wait list for housing it has developed for Compass Health consumers, and currently this wait list exceeds 150.

Path Project staff are committed to serving clients of diverse cultures including ethnic populations, sexual minorities, older adults and clients with disabilities (developmental and physical including Traumatic Brain Injury) with services that are culturally sensitive and competent.

Specialist consultations are acquired by PATH staff at key junctures in treatment to ensure the quality of care. Compass Health has geriatric specialists, DD/TBI specialists and ethnic minority specialists who are all available to provide consultation to PATH staff. We, also, have a list of outside consultants who provide us with additional expert consultation.

PATH staff is able to access other agency staff speaking over 13 languages and outside interpreters are also used as needed to meet the needs of our clients. Furthermore, Compass Health staff actively participates in both state and regional meetings regarding the development of clinical standards for working with the GLBT population.

All Compass Health staff attend required trainings on Diversity with a focus on providing a work place and treatment conditions that are inclusive and sensitive to people of difference ages, races and backgrounds. In fact, all new clinical hires receive initial training regarding divesity within the first 30 days of employment.

Fifty-seven percent of the PATH clients we treated to date fall between 18 and 49, but 30% were unable to report their age to us. Ten percent were non-white, but 15% were unable or unwilling to indicate their ethnicity. We work to match clients with case managers with whom they are comfortable and can build a trusting rapport.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

   The PATH program is reviewed annually by the Snohomish County Mental Health Advisory Board, which is comprised of consumers, advocates, and family members of mental health consumers. In addition, the Quality Review Team of the North Sound Mental Health Administration interviews clients twice yearly to solicit client voice and feedback to the service. The NSMHA Advisory Council will also provide oversight for this project and more than 51% of the membership of that group is comprised of consumers and advocates.

   Compass Health has a Quality Management Advisory Committee (QMAC) that is made up of consumers, advocates and staff (more than 50% consumers and advocates). This group analyzes information, receives education and advises the Compass Health Quality Committee (made up of the

executirve management of the organization) regarding programs and quality improvement activities. In addition, consumers serve on the volunteer Board of Directors for Compass Health.

The PATH program manager holds quarterly meetings with PATH clients to assess the program regarding its successes and opportunites for improvement.

Washington State PATH Application 2005
North Sound RSN -- CompassHealth

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$83,824	$28,500			$112,324
b. Fringe Benefits	$21,740	$7,392			$29,132
c. Travel	$5,099	$1,734			$6,833
d. Equipment	$2,696	$917			$3,613
e. Supplies	$1,000	$340			$1,340
f. Contractual		$3,476			$3,476
g. Construction					$0
h. Other	$9,210	$3,131			$12,341
i. Total Direct Charges (sum of 6a - 6h)	$123,569	$45,489			$169,058
j. Indirect Charges	$5,434	$1,848			$7,282
k. TOTAL (sum of 6i and 6j)	$129,003	$47,337			$176,340
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

Section C: Local Provider Intended Use Plans

In the *Intended Use Plan*, the State must furnish the following information for **each** agency that provide services with PATH funds

1. **Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served. [Identify the RSN and the provider agency; state the geographic area to be served.]**

   The North Sound Mental Health Administration (NSMHA) will contract with the Mental Health Division of Washington State for this PATH Program, and will subcontract with Whatcom Counseling and Psychiatric Clinic (WCPC) to provide the direct PATH Services.

   The NSMHA ensures the provision of quality and integrated mental health services for the five counties (San Juan, Skagit, Snohomish, Island, and Whatcom) served by the Prepaid Inpatient/Outpatient Health Plan (PIHP). The NSMHA joins together with providers and consumers to enhance the community's mental health and support recovery for people with mental illness served in the North Sound region, through high quality culturally competent services. The NSMHA is committed to:

   1. Ensuring that the mental health system of the five counties is "consumer-driven",
   2. Ensuring that consumers receive services that meet their individual needs appropriately,
   3. The development and management of an Integrated Delivery System;
   4. Ensuring that services are accessible and locally available 24 hours a day, 7 days per week,
   5. Ensuring that services are culturally sensitive, appropriate and built on recipient strengths,
   6. Treating people with mental illness with respect and dignity, and
   7. The provision of services that are community based and designed to assist the individual in maintaining an optimal level of functioning.

   The provider organization to receive the PATH funds is Whatcom Counseling and Psychiatric Clinic (WCPC), located in Bellingham in Whatcom County. WCPC is a not-for-profit 501 C (3) organization, licensed by the state of Washington as a community mental health facility. It has been in operation since 1958. The agency contracts with NSMHA, along with numerous other public and private partners, customers, and clients.

   WCPC provides a full spectrum of outpatient mental health services, including street outreach and engagement to homeless people with mental illness and co-occurring disorders, a clubhouse model drop-in center (Rainbow Center), case management, therapy, psychiatric services, and a 24 hour emergency services program (including County-Designated Mental Health Professionals). WCPC has one hundred two (102) employees (78 FTE) and provided approximately 21,000 hours of service in fiscal year 2004.

   Whatcom County is at the Northwest corner of Washington State on the I-5 corridor, with five (5) border crossings into Canada. Total population in the county is approximately 180,000 individuals. The City of Bellingham is the county seat, with a city population of approximately 70,000 people.

In 2003 the City of Bellingham estimated in its *Ten (10) Year Plan to End Homelessness* that there are approximately 1,100 homeless individuals in the county at any given time, and that approximately 20% of those people are chronically homeless. The report further estimated that there are approximately 220 people living on the streets or in temporary shelters on any given night, and that approximately 110 have mental illness and/or chemical dependency. At then end of January 2005, the City of Bellingham will conduct its Homeless Count. Unfortunately the results of that count are not available at this time. However, WCPC will participate in that study and we plan to incorporate its results in our ongoing street outreach and engagement efforts.

Rainbow Center, a Department of WCPC, is a unique drop-in center clubhouse located near the bus station in downtown Bellingham. WCPC bases its current street outreach efforts at the Rainbow Center, and it has an active peer counselor outreach program to people living on the streets and in the jails. PATH funds would allow a significant expansion of the amount and professional involvement in outreach services. The Rainbow Center is well known throughout the community, and it attracts a substantial number of homeless individuals who have mental illness and/or co-occurring disorders. The Center has had exceptional support and involvement from advocates and consumers since its inception in 1997, as well as strong support from local government and the United Way. Currently, the Rainbow Center serves an average of 86 mental health consumers a day.

The service area for this project is Whatcom County, Washington.

2. Indicate the amount of PATH funds the organization will receive.

NSMHA and WCPC are proposing $45,585 annually in PATH funds

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. The projected number of enrolled clients who will receive PATH-funded services in FY 2004. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See definition on page 11 of the funding announcement for imminent risk of homelessness.)

WCPC anticipates providing outreach and engagement services to 100 clients with PATH funds during the first year of the contract. Of that total number, approximately 45 clients will be enrolled. We project that 80-85% of the total number of clients will be "literally homeless". These projections are based on the experience of WCPC in providing outreach and engagement services on the streets and shelters of Bellingham and Whatcom County during the past two years.

b. List services to be provided, using PATH funds (see page 6 and 7, of the funding announcement, for PATH eligible services). [Identify each service to be provided, using the names as listed in the eligible services on p. 4 of the funding announcement, e.g. outreach and engagement, community mental

health services. The services to be delivered should be predicated on the assessment of current working conditions.]

WCPC anticipates providing the following services with the PATH funds:

- Outreach and engagement services
- Screening and diagnostic treatment services
- Case management services
- Mental health services
- Substance abuse services
- Referrals for primary health services
- Housing services: specifically improving the coordination of housing services, and costs associated with matching eligible homeless individuals with appropriate housing situations.

WCPC plans to hire a 0.75FTE (three-quarter time) clinician to provide these services through the use of PATH funds.

Outreach and Engagement Services

This clinician will conduct outreach activities to identify literally homeless individuals with mental illness and/or co-occurring disorders. People who are mentally ill or have co-occurring disorders and who are at risk of homelessness also will be served. This clinician will act as part of a team of clinicians, who currently provide outreach and engagement for those with primarily substance abuse disorders through a contract with Whatcom County Substance Abuse Program.

The county contract, referenced in item 2, focuses upon getting homeless and other people with primary substance abuse disorders into treatment, as well as making referrals for those who also require mental health services. PATH funds will allow WCPC to expand its current outreach and engagement efforts to include those with mental illness as the primary behavioral health condition.

Screening and diagnostic treatment services

Outreach clinicians conduct brief screening procedures with homeless individuals in order to identify the presence, severity, and acuity of mental illness or other disorders. As indicated, the outreach clinician will focus his/her engagement and referral efforts to facilitate an individual's rapid entry into the most appropriate service.

Case Management Services

These services focus upon helping homeless people apply for and obtain public assistance, Medicaid and other potential benefits in order to become eligible for ongoing mental health services. Once a homeless person obtains Medicaid benefits, PATH services will focus on facilitating intake appointments and entry into ongoing mental health or co-occurring disorders treatment.

Mental Health Services
Recent rule interpretations by the federal CMS have resulted in the necessity to limit ongoing mental health service delivery to those who have Medicaid benefits. Once an individual has obtained Medicaid benefits successfully, program staff will facilitate rapid entry into necessary ongoing services. However in situations wherein someone is ineligible for Medicaid, the PATH-funded clinician must focus his/her efforts upon helping those individuals to obtain primary health and other indicated services (for example, housing services).

Substance Abuse Services
Through matching funds from Whatcom County, Rainbow Center staff already provides outreach, screening and related services to homeless people who have substance disorders. The PATH workers will screen for presence of mental illness and co-occurring substance disorders and will provide short-term interventions to clients who need substance abuse treatment services. People with need for ongoing services will be referred to agencies with focused treatment services.

Referrals for Primary Health Services
People without housing often have other health conditions that require primary health intervention. PATH funds will enable program staff to help individuals to access appropriate medical care from primary care physicians. The local Community Health Clinics (Interfaith and Sea Mar) will be the primary access points in Whatcom County for homeless individuals requiring primary health care.

Housing Services
Program staff will work to assist identified individuals to enter the continuum of housing services in Whatcom County, including motel voucher programs, other emergency shelters, and transitional housing programs. These supports are limited locally, so the results of WCPC efforts will be reported to the local planning groups, which attempt to assess housing needs and develop funds for program expansion into newly identified areas of need.

c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.

The PATH project staff will interact and coordinate with a wide variety of primary health, mental health, substance abuse, and housing services within Whatcom County.

- St. Joseph's Hospital: In addition to being a source of referrals for people who fit PATH service criteria, the hospital also will be utilized for emergency and inpatient primary health, mental health, and substance abuse services.
- Community Health Centers: Interfaith CHC and Sea Mar CHC will be major referral sources for persons needing PATH-funded outreach and engagement services. Both CHC's also will be used for outpatient primary health, mental

health and dental services. Sea Mar also has a substance abuse treatment program.

- Community Mental Health Centers: The two largest providers of mental health services in Whatcom County are Whatcom Counseling and Psychiatric Clinic and Lake Whatcom Residential and Treatment Center. These two agencies will be the primary referral sources for outpatient services for those persons who are able to become Medicaid consumers.
- Emergency Mental Health Services: WCPC provides 24-hour emergency mental health services as part of the Associated Provider Network's Integrated Crisis Response System. These services include voluntary as well as involuntary mental health services through a team of crisis professionals, including County Designated Mental Health Professionals (CDMHP's). The PATH-funded clinician will coordinate outreach and engagement service with the Emergency Team as part of the "backdoor" efforts to facilitate engagement into ongoing services after crisis episodes. In early 2006, WCPC anticipates co-locating the Emergency Services Team at the planned Low Risk Offender Jail as part of the new Whatcom County Triage Center. WCPC anticipates a close coordination between the outreach and engagement team and the Triage Center, engaging people prior to their release from the Triage Center and facilitating entry into ongoing services as required.
- Substance Abuse Treatment Services: There is a continuum of substance abuse services in Whatcom County that the PATH-funded clinician will collaborate with. The WCPC Emergency Services Team provides emergency services, in coordination with the St. Joseph's Hospital Emergency Department and Pioneer Human Services' Social Detox Center. Inpatient services are coordinated with the ADATSA Assessment Provider at Westcoast Counseling & Treatment and with the Adult Drug Court as part of Whatcom County Superior Court. Outpatient services are provided primarily by Westcoast Counseling & Treatment, St. Joseph's Hospital Behavioral Health Department, Catholic Community Services Recovery Center, and The Center in Lynden, Washington.
- Housing Services: A wide variety of organizations provide a continuum of housing services to homeless people in Whatcom County. An emergency Crisis Respite House is offered by WCPC Emergency Services. Pioneer Human Services offers the Social Detox Center. Emergency Shelter services (including motel vouchers) are available through Old Town Christian Ministries and the Lighthouse Mission. Safe Transitional Housing is provided by Sun Community Services Gladstone House, Lydia Place, Dorothy Place, and the Opportunity Council. Limited access to affordable permanent housing is available with Section 8 vouchers, Shelter Plus Care, and other subsidized rental arrangements through the Bellingham/Whatcom County Housing Authority, WCPC Supported Living Program, Lake Whatcom Residential and Treatment Center, the Opportunity Council's Housing First program, Interfaith Housing Program, and others.

d. Gaps in the current service system [Indicate what your RSN/agency will do to address them, what you will expect of other key service providers.]

Current outreach and engagement service efforts focus primarily upon engaging those with primary substance abuse disorders into substance abuse treatment. There is a large gap in this county regarding outreach and engagement services for those with primary mental illness. WCPC proposes to use PATH funds to expand our current outreach and engagement service efforts and to focus such expansion primarily upon engaging those with mental illness into necessary mental health treatment and other services.

Another large gap is the scarcity of services available to people who are not eligible for Medicaid and aren't able to access ongoing mental health and health care. This gap will likely widen with recent and stricter interpretations of federal Medicaid rules by the Center for Medicaid and Medicare Services. It appears that mental health centers in the North Sound Region will be limited to providing crisis services to individuals without Medicaid benefits unless there is major new funding from the State of Washington, which is not anticipated. Ongoing mental health services are not available at community mental health centers until an individual actually has Medicaid.

This makes the PATH grant even more important as a way to provide outreach and case manage services to many needy individuals until they are qualified for Medicaid funded services. For those who do not qualify for Medicaid or for those for whom the eligibility process takes a very long time, we will provide supportive services and may develop other funding sources to meet their ongoing needs.

Homeless persons living in Whatcom County, primarily in Bellingham, are fortunate to have a wide variety of free meal programs available to them on a daily basis. Rainbow Center serves free breakfast and lunch to mentally ill adults four days per week. Food programs such as Maple Alley Inn, Soup's On Kitchen, Salt-On-The-Street, CAST, and several others serve meals to homeless persons at various times that cover every day of the week.
The biggest gaps in our County service system are in the area of outreach and engagement services for the seriously mentally ill homeless persons, affordable housing for mentally ill and co-occurring persons, and the coordination of shelter/housing for homeless persons.

Over the past two years WCPC, in collaboration with the Whatcom County Health Department and the City of Bellingham, has developed a strong outreach and engagement program for homeless co-occurring adults. There is, however, a serious gap in services for the most serious mentally ill literally homeless person in Whatcom County. Many times these persons are too paranoid, frightened or thought disordered to allow real engagement in the time our present outreach worker has to offer them. Because they may not have debilitating substance abuse issues they do not fit the profile of the clients that program is designed to reach. This group needs sensitive, long-term engagement in order to get them to the place where they can utilize the treatment and housing services available in our system.

There are several transitional housing programs for women and women with children such as Dorothy Place (21 unit facility for single women and women with children who are victims of domestic violence), Lydia Place (for homeless families), Agape House (a program of the Lighthouse Mission for homeless women and women with children), the YWCA (36 bed facility for women), as well as a small facility for women in Lynden, WA.

The Lighthouse Mission of Bellingham offers the only "shelter" type of housing to homeless men. It is, however, not a true shelter because many men are not eligible due to mental illness or more serious substance abuse problems. Therefore, Whatcom County has a serious gap in shelter housing for men and has considerably fewer shelter options for women than the homeless population requires.

WCPC, in collaboration with Sun Community Services, has developed an innovative transitional bed facility called Gladstone House. It is a five-bed facility that houses both homeless mentally ill men and women. Three half-time Peer Support Counselors (recovering mental health consumers) that have been trained by Rainbow Center's Peer Support Program spend about 50 hours per week at the house

teaching skills of daily living and another 10 hours per week providing case management services to the residents. The intent is to offer between three and six months of transitional housing, life skills training and case management services as a way of getting homeless mentally ill adults into on-going mental health services and permanent housing. A major gap in services in Whatcom County is that there is not more of this type of transitional housing.

An additional problem confronting all of Whatcom County is that there is very little affordable permanent housing for those with low incomes.

e. Services available for clients who have both a serious mental illness and substance use disorder

We provide case management and therapy to clients who have co-occurring disorders. This often involves coordination of services with drug and alcohol services providers including Sea Mar, St Joseph's Hospital, Catholic Community Services, and West Coast Counseling. We also work closely with Pioneer Human Services through their Social Detox program, which is located in the same house with our Crisis Respite program.

Our Crisis Respite program regularly provides crisis stabilization to clients with co-occurring disorders. Additionally we provide Crisis Services 24 hours a day to anyone within the county who is experiencing a crisis. This often involves clients who are using drugs and so requires coordination with and referrals to chemical dependency treatment providers. We also have regular consultation with a Chemical Dependency Specialist.

f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

WCPC will coordinate with the available housing providers in Whatcom County in attempts to arrange suitable housing for PATH-funded homeless people with mental illness and co-occurring disorders. Emergency shelter care and motel vouchers will be accessed through Old Town Christian Ministries and WCPC, with referral to the Lighthouse Mission. Transitional housing will be accessed through Sun Community Services Gladstone House, Dorothy Place, Lydia Place, and Interfaith Housing program. Subsidized rentals for permanent housing will be accessed as available through WCPC and Lake Whatcom Residential & Treatment Center. WCPC also will encourage PATH-funded clients to apply for Bellingham/Whatcom County Housing Authority Section 8 and Shelter Plus care as available.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Many different provider groups comprise the local Continuum of Care program. An array of local services is designed to facilitate the process from homelessness to permanent housing. WCPC historically has played a significant role in this continuum, through our existing outreach and engagement efforts and the Rainbow Center, as well as our supportive and subsidized housing programs.

As a PATH provider of outreach and engagement services for the homeless with mental illness and/or co-occurring disorders, WCPC coordinates with the various providers in the Continuum of Care program. Street outreach providers typically

provide motel vouchers under certain circumstances, including WCPC and Old Town Christian Ministries. Shelters are operated by the Mission, Sun Community Services, and The Gladstone House programs, as well as WCPC through its Crisis Respite House Program. Transitional housing programs are operated by the Opportunity Council Dorothy Place, Lydia Place, Northwest Youth Services, and Interfaith Coalition. WCPC and Lake Whatcom Center provide permanent housing for those with mental illness with Section 8, Shelter Plus, and the County's Supportive Living Grant sources. Opportunity Council provides permanent housing assistance, including a new program designed according to the Housing First model. All these providers coordinate with the City of Bellingham, Whatcom County Health Department, and the Bellingham/Whatcom County Housing Authority to form the nucleus of the local Continuum of Care program.

Also, the Rainbow Center Director, as a representative of WCPC, has been an active member of the Whatcom County Coalition for the Homeless. The Coalition is a consortium of public and private agencies and non-profits that collaborate to create a system of housing and services, with the ultimate goal of moving homeless families and individuals to permanent housing and self-sufficiency.

WCPC staff serves on the Coalition's Steering Committee. The Executive Director and the Housing Coordinator of WCPC attend meetings of the Coalition when issues that related most closely to their work are discussed. Since 1996 this Coalition has worked together to guide them in their work toward ending homelessness in Whatcom County. In 2003, a group of housing and service providers, under the umbrella of the Homeless Coalition, worked with a consultant to develop a **Ten Year Plan to End Chronic Homelessness in Whatcom County** and to update the **Whatcom County Continuum of Care Strategic Plan**.

In addition to WCPC's involvement in the Homeless Coalition, the Executive Director is a member of the Whatcom County Housing for Low-Income People Advisory Board. This citizen group advises the County on planning for housing services, including assistance in evaluating proposals for emergency shelters and transitional housing services from various community organizations.

5. **Describe the demographics of the proposed service area. Describe how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients. Indicate the extent to which staff (a) are representative of the racial/ethnic diversity of the clients, and (b) receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")**

Homeless people in Whatcom County represent a cross-section of ethnicities that is similar to the main population throughout the county. Caucasians are the predominant group. Many homeless are Native American, not limited to the Lummi Nation and the Nooksack Nation. There are a substantial number of Hispanic people represented in

the homeless population in this county. There is also a small but growing number of Eastern European (Russian and Ukrainian) individuals.

Many homeless people with mental illness and co-occurring disorders congregate near downtown Bellingham, specifically near the downtown bus station and the nearby Rainbow Center. On average, the Rainbow Center reports serving approximately 30-35 Native Americans who report being homeless, and from 25-30 Hispanic people every day.

Seamar and Interfaith Community Health Clinics act as the primary healthcare providers for the homeless in this community. WCPC works in coordination with these health clinics for cross-referral and service purposes.

We have Minority Specialists for the following populations: Asian-Pacific Islander, African-American, and Native American. We also have a contract with a Hispanic specialist. In addition to our regular consultations after intake, our specialists also provide consultation as needed to our clinicians. We conduct annual training in Cultural Competency for the entire staff and the clinicians must complete training in Cultural Competency as part of their orientation.

The PATH Project staff, as well as all our outreach and engagement staff, is part of the WCPC "Outpatient Services Dept.". The Cultural Competency trainings, and the services of the Minority Specialist Consultants, are available to the outreach and engagement program staff on case-specific request bases. Also the specialists will meet periodically with our outreach program staff to review general program operations and to comment upon potential quality improvements for cultural competency purposes.

6. **Describe how homeless consumers and their family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, are homeless consumers employed as staff? Do homeless consumers serve on governing or formal advisory boards? (See Appendix I.)**

The North Sound Mental Health Administration (NSMHA) has several consumers and advocates directly involved in planning and evaluation of regional services as part of their Board of Directors and Advisory Boards. Whatcom Counseling & Psychiatric Clinic has two family members/advocates on the Board of Directors. The WCPC Rainbow Center Advisory Board membership consists of at least 50% consumers and advocates. All these groups feed directly or indirectly into program planning and evaluation.

The NSMHA Advisory Board reviews all items prior to their presentation to the Governing Board, WCPC Board serves as the Governing Body of this organization, so consumer advocates have direct influence over program operations. The Rainbow Center Advisory Board reviews program budget, proposes program policy and operating guidelines, and participates in the daily self-governance of the Rainbow Center.

Washington State PATH Application 2005
North Sound RSN -- Whatcom County Psychiatric Clinic

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Outreach & Engagement						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	$27,274	$27,690			$54,964
b. Fringe Benefits	$6,818	$7,020			$13,838
c. Travel	$900	$390			$1,290
d. Equipment	$250	$0			$250
e. Supplies	$1,310	$450			$1,760
f. Contractual		$0			$0
g. Construction	$0	$0			$0
h. Other	$3,945	$1,950			$5,895
i. Total Direct Charges (sum of 6a - 6h)	$40,497	$37,500			$77,997
j. Indirect Charges	$1,753	$1,500			$3,253
k. TOTAL (sum of 6i and 6j)	$42,250	$39,000			$81,250
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8. Outreach and Engagement - Whatcom County Grant/Co-occuring Disorders Outreach Project				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

PRSN
PENINSULA REGIONAL SUPPORT NETWORK
Providing Public Mental Health Services in
Clallam, Jefferson, and Kitsap Counties

February 11, 2005

Hank Balderrama
Mental Health Division
Department of Social and Health Services
1115 Washington, 4th Floor
PO Box 45320
Olympia, WA 98504-5320

Dear Mr. Balderrama:

Attached please find the Peninsula Regional Support Network (PRSN) application for funding through the Projects for Assistance in Transition from Homelessness (PATH). The PRSN will contract all Federal PATH dollars to West End Outreach Services (WEOS), out network provider in West Clallam County. WEOS currently provides PATH funded services to persons with serious mental illness who are homeless or at imminent risk of becoming homeless.

The attached application documents include the following:

- Local Provider Intended Use Plan
- Standard Form 424
- Budget narrative

At least $17,543 will be provided in non-federal matching funds. All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Please contact me at 360-337-4622 if you have any questions regarding this application.

Sincerely,

Kirsten Silivongxay
PRSN Adult Services Coordinator

cc: Anders Edgerton, PRSN Administrator

Section C: Local Provider Intended Use Plans

35. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

West End Outreach Services
(Forks Community Hospital)
530 Bogachiel Way
Forks, WA 98331
Telephone: (360) 374-6177
FAX: (360) 374-6006

Contact: Beth Palmer, M.Ed, Program Coordinator
bethp@forkshospital.org

The Peninsula Regional Support Network is the administrative organization which oversees the provision of publicly funded Community Mental Health Services in Clallam, Jefferson and Kitsap Counties, a mix of urban, rural and frontier areas located on the Olympic Peninsula in Western Washington.

West End Outreach Services, a licensed Community Mental Health Center is the contracted agency for PATH services; its service area comprises the western portions of Clallam and Jefferson Counties.

36. Indicate the amount of federal PATH funds the organization will receive.

Base Funds:	$47,463
Evaluation Funds:	3,769
Palm Equipment:	250
Match:	14,504

37. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

It is projected that 40 individuals will be enrolled for PATH funded services. Of these, it is estimated that 30 individuals will be literally homeless. These estimates and projections are based on a point in time HUD homeless survey conducted in January, 2005. Survey results reflected the following:

Total Clallam County Homeless:	1,051
West Clallam/Jefferson County	328 (31%)
Subset: Forks	188
Reservations	140
West End -Identified mental illness:	38

b. List services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

- Outreach and engagement services
- Screening and diagnostic treatment services

- Community mental health services including psychiatric evaluation and medication monitoring co-occurring substance use disorder treatment
- Case management services
- Supportive services in residential settings
- Relevant referral and linkage services including to primary health services, job training, educational services and housing services
- Housing services include: Planning for housing, improving the coordination of housing services, and security deposits and one-time rental payments to prevent eviction.

These services are integral to the PATH service delivery plan in that they provide for the emergent health and mental health needs of PATH eligible clients and are complimented by the on-going development of a comprehensive array of housing services and supports.

w. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

West End Outreach Services (WEOS) has been the historical service provider for PATH eligible clients in western Clallam and Jefferson counties through its emergency shelter, community mental health and chemical dependency treatment programs. Additionally, the Housing Authority of the County of Clallam, in collaboration with WEOS, developed a low-income apartment complex, with ten (10) units set aside for persons with mental illness and/or co-occurring substance use disorders with supportive services provided by WEOS. Olympic Community Action provides limited financial support in the way of one time contributions toward rental and security deposits which often matched by WEOS flexible funds

x. gaps in current service systems;

Because we started late in the O3/04 year, we were able to use carry-over money into the 04/05 PATH funding cycle. We prioritized this funding to address the biggest challenge facing our PATH program. This challenge is finding decent, affordable permanent housing for our PATH clients.

There are profound gaps in housing resources in the West End primarily due to the centralization of continuum of care housing in the more populated areas of both counties, a distant 90 and 160 miles away for persons in Clallam and Jefferson counties, respectively. These gaps include limited shelter beds, no transitional housing, and limited permanent low income housing.

This last year, we were successful in securing funds to expand our emergency shelter units from one unit to three units. But, even with this increase, we have many homeless people on the waiting list to get into shelter. There is no transitional housing available on the West End. We have participated as a part of the Clallam County Continuum of Care to submit an application for transitional housing through the Washington Family Fund. Currently, the PATH oversight committee has identified transitional housing as the top project that they wish to work on. The committee is looking for a house or duplex, researching local funding sources to purchase the facility, and developing program criteria.

Over this last year, the West End Affordable Task Force (a group comprised of West End Outreach, Serenity House, Housing Authority, North Olympic Affordable Housing Network, USDA, Habitat for Humanity, City of Forks and the PATH Planning and Oversight Committee) has worked towards a comprehensive plan to increase affordable housing stock on the West End. This group has sponsored several public meetings to get feedback and to raise community awareness of the problem.

Projects of the Task Force Include:

* a joint project with the Housing Authority, Olympic Community Action and West End Outreach to build additional units of supportive housing. The Olympic Community Action program received pre-development funds for this project in 2004 and an application for 811 federal funds will be submitted in 2005.

* protecting any existing low income housing. The Housing Authority is currently in the process of trying to purchase the Ox Bow apartments (they are at the end of their obligation to provide subsidized housing) so that the area does not lose that housing as a resource. We will be facing this again in the near future because the other subsidized housing complex in Forks will soon be at the end of their obligation.

- expanding low income housing stock. Through our efforts the Housing Authority was able to secure four Forest Services houses that are being rehabbed and will be project- based Section 8 housing. We have also been working with Habitat for Humanity: they have purchased property in downtown Forks and we have community leadership in establishing the necessary board requirements. Efforts are also being made to seek funding for housing for agricultural workers. Clallam County Land Trust has been established and is looking into purchasing scattered sites in the town of Forks.

Other gaps in service include limited access to public mental health services for those who lack Medicaid. This access issue will be compounded when more restrictive policy is enacted in July, 2005, which prohibits the use of capitated Medicaid savings for non-Medicaid services and non-Medicaid individuals. In response to this development, the agency will design and implement an expedited SSI application which will provide medically derived data supporting disability

y. services available for clients who have both a serious mental illness and substance use disorder;

The project is designed with the assumption, validated by agency experience and the literature, that a significant number of persons with co-occurring mental health and substance use disorders are present in the population to be served. Accordingly, the key service elements and intervention strategies are designed to address the unique and complex context presented by the presence of co-occurring disorders. Motivational interviewing techniques and harm reduction strategies are central to the approach and embedded in outreach, engagement and case management practice. Treatment will be provided by the integrated co-occurring disorders program staffed jointly by mental health and chemical dependency professionals which has been developed and implemented by WEOS.

z. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

The provision of housing is central to the overall design of the PATH project. Agency emergency shelter beds and current housing resource development activities are targeted as housing options for PATH clients. Specific strategies are listed in Section 3.d. above.

38. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

WEOS was one of the founding agencies of the Shelter Provider Network which has been the core group involved in the HUD Continuum of Care community planning efforts in Clallam County since 1994.

One available emergency shelter unit available for West End homeless, other than those who are victims of domestic violence/sexual assault, is funded by ESAP through the Continuum of Care planning process. WEOS is also an active participant in the North Olympic Regional Housing Network which is an organization advocating for affordable housing in Clallam County. Recently a subgroup of the Shelter Providers Network has formed to focus on implementation of the Continuum of Care plan priorities in the West End which complement the service plan components of this local PATH proposal. This effort resulted in two additional shelter units, funded by SB 2060.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

The cultural diversity of the service area is reflected by the presence of three Native American tribes; the Makah, Quileute and Hoh Tribes; a growing Latino community and the following demographic descriptors.

According to 2000 U.S. census data, the population of the area is 10,746. One in five residents live in poverty while over 40% have incomes of less than 200% of the U.S. poverty level. Thirty-five percent (35%) of the population are members of racial and ethnic minorities and 12% are linquistically isolated (primary language other than English), and the unemployment rate is 12.3%. Significant health disparities, which compared to Clallam County and the State of Washington, exist in the West End, including teen birth-rate, low birth weight, suicide at twice the State rate (23.1 per 100,000), chronic disease morbidity and oral health (Clallam County Health & Human Services, 2003).

It is within the above described context of geographic isolation, cultural diversity, poverty, unemployment and health disparities that persons with mental illness, and who are homeless, are the most vulnerable among the vulnerable at the biological, psychological and social levels.

Cultural competence is a valued principle in guiding service delivery for WEOS. Accordingly, its cultural competency plan reflects the infusion of cultural competency principles at policy and practice levels. At the policy level, a community advisory board, whose composition reflects the service population, provides programmatic guidance in service development and delivery.

As a result of a cultural competency self-assessment undertaken in 2000, the agency realigned its supervision protocol and staff training plans to promote cultural competency. Ongoing activities reflective cultural competency include: All staff participate in regular case oriented consultation and supervision provided by in-house geriatric, child, Native American, Latino and sexual minority mental health specialists; ongoing training related to cultural competency and diversity issues; and cooperative agreements and/or contracts in place with three local Native American tribes for the provision of mental health and substance abuse treatment services. In addition, staff composition reflective of the service population.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Specific to the PATH project, PATH eligible consumers participated in the project design and will continue to serve in advisory and oversight capacity for project implementation.

The Planning and Oversight Committee comprised of homeless and previously homeless consumers has continued as a committed, active group. The Committee meets on the first and the third Tuesday of each month. The group has accomplished a variety of projects:

- effective outreach to homeless people;
- increasing community awareness of problems facing individuals with mental illness;
- surveying trailer stock in the area to gather data necessary for grants;
- developing a site plan for the 811 project;
- planning community meetings to address housing concerns such as landlord tenant law, septic care and how to prevent mold and mildew.

This group participated in the Housing Advocacy Day in Olympia on February 3, 2005 and currently they are focusing their efforts on securing transitional housing in Forks.

Washington State PATH Application 2005
Peninsula RSN

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS		$0.00	$0.00	$0.00	$0.00	$0.00

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)) PATH Funds	(2) Match	(3	(4)	
a. Personnel	$34,528.00	$9,110.00			$43,638.00
b. Fringe Benefits	$10,303.00	$2,733.00			$13,036.00
c. Travel	$2,632.00	$0.00			$2,632.00
d. Equipment	$250.00	$0.00			$250.00
e. Supplies	$0.00	$1,700.00			$1,700.00
f. Contractual	$3,769.00	$0.00			$3,769.00
g. Construction	$0.00	$0.00			$0.00
h. Other	$0.00	$5,000.00			$5,000.00
i. Total Direct Charges (sum of 6a - 6h)	$51,482.00	$18,543.00			$70,025.00
j. Indirect Charges					
k. TOTAL (sum of 6i and 6j)	$51,482.00	$18,543.00			$70,025.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)		$0.00	$0.00	$0.00	$0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	$0.00	$0.00	$0.00	$0.00	$0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)	$0.00	$0.00	$0.00	$0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

PATH PROJECT - BUDGET NARRATIVE
10/1/05 to 9/30/06

	TOTAL	FEDERAL	MATCH
PERSONNEL: Wages reflect current salary scales with 1.5% increase appplied for mid-year adjustments. Staff expenses are proposed as follows:			
Outreach/Case Management			
1.0 FTE Case Manager @ $15.23/hour	31678	31678	
.10 FTE CDP/MHP (COD Group Facilitation) @ $20.00/hr.	4160	2850	1310
Project Administration			
.15 FTE Program Coordinator @ $25.00/hr	7800	0	7800
	43638	34528	9110
FRINGE BENEFITS: Includes Medicare, unemployment, industrial, medical, life and disability insurances, pension, deferred compensation (social security replacement) at a total rate of 30%	13036	10303	2733
TRAVEL: Estimated at 2,500 to 3,000 miles @ $.405/mile (inlcludes local and quarterly trips to State PATH meetings	2632	2632	
EQUIPMENT: The following equipment is scheduled for facilitation of data collection, program evaluation, resource development, correspondence and electronic communication.	250	250	
SUPPLIES: To assist program participants obtain necessary basic needs such as food, clothes, medications, etc.	1700	0	1700
CONTRACTUAL: External Project Evaluation	3769	3769	
OTHER:			
Training:	1000		1000
Housing:			
Rental/Utility Deposits (2 @ $500 to $600)	1000		1000
One-time rental payments (3@ $300-400)	1000		1000
Minor Repair/Maintenance	1000		1000
GRAND TOTAL	**$ 69,025**	**$ 51,482**	**$ 17,543**
REVENUE:			
PATH Grant	$ 51,482	$ 51,482	
Applicant Funds	$ 17,543		$ 17,543
TOTAL REVENUE:	**$ 69,025**	**$ 51,482**	**$ 17,543**

Match funds are derived from in-kind contributions for program supervision and COD group facilitation ($11,843) and general agency private pay and tribal contracts.

Pierce County

Human Services
A Department of Community & Human Services
8811 South Tacoma Way
Lakewood, Washington 98499-4593

FRANCES I. LEWIS
Director

1 March 2005

Mr. Hank Balderama
Department of Social and Health Services
Mental Health Division
PO Box 45320 / 1115 Washington Street
Olympia, WA 98504-5320

Subject: 2005 Pierce County RSN PATH Intended Use Plan and Budget

Dear Mr. Balderrama:

The Pierce County Regional Support Network is pleased to submit the attached PATH Intended Use Plan and accompanying SFS 424 Budget for the 2005-2006 funding cycle. This year the RSN is excited to submit a plan based on two subcontractors working to meet the needs of the homeless in Pierce County. The plan brings the extensive PATH experience of Comprehensive Mental Health as well as the additional vision of Greater Lakes Mental Health as put forth in its recently accepted PATH application for funding.

The RSN strongly supports the planned efforts and visions of these two organizations as they work to meet the needs of the homeless with mental illness in the Greater Pierce County area. Each agency brings a strong commitment and extensive experience in support of its plan. While team members from both PATH programs will work to meet the immediate needs of the homeless, each agency, in conjunction with the RSN, will remain active participants in the Homeless Coalition and the Continuum of Care to bring about system change.

Funds to be contracted to the provider agencies include:

	Comprehensive	Greater Lakes
Base Funding:	$132,555	$42,000
Palm Contract:	$ 10,526	$ 3,335
Palm Equipment:	$ 250	$ 250
Match;	$ 48,733	$ 15,499

Note: All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Thank you for your help and patience in preparing this plan. We believe its intent and potential will best serve the homeless mentally ill of Pierce County. Please let me know if you have any questions regarding the plans or the intended coordination of services by the Pierce RSN

Stephen Greene, MA
Care Manager

cc: Fran Lewis
Dave Stewart

Telephone (253) 798-4926 ! Toll Free 1-800-531-0508
TDD (253) 798-4277 ! FAX (253) 798-2721
www.co.pierce.wa.us/HS

EQUAL OPPORTUNITY EMPLOYER

Section C: Local Provider Intended Use Plans

39. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Pierce County Regional Support Network (RSN)
3560 Pacific Avenue
Tacoma, WA 98418 253-798-4500

The Pierce County RSN is a single county regional support network, whose principle city is Tacoma. It has several other sizable cities, including a relatively newly incorporated but longstanding area known as Lakewood. Pierce County is also a publicly funded, Prepaid Inpatient Health Plan serving the mental health needs of residents in Pierce County, WA.

Coordinated mental health care, including outpatient services and crisis intervention, is provided by four principal community mental health agencies, an after-hours Mobile Outreach Crisis Team and a Crisis Triage Center. The RSN coordinates services for the homeless in Pierce County through the efforts of two PATH-funded teams operated by Greater Lakes Mental Health, which will begin services April 1, 2005, and Comprehensive Mental Health with its subcontractor for substance abuse services, Metropolitan Development Corporation, respectively.

40. Indicate the amount of federal PATH funds the organization will receive.

Pierce County anticipates receipt of $188,916 in funds, which will be awarded in the current year in the amount of $143,331 to Comprehensive CMHC, with sub-contract to Metropolitan Development Council and $45,585 to Greater Lakes CMH.

41. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

Please see the attached individual Intended Use Plans from Comprehensive Mental Health and Greater Lakes Mental Health for complete details regarding services, individual program demographics and specific plans.

In an effort to most effectively coordinate the PATH contract with the two subcontracting agencies and work to meet the goals established in their respective plans, the RSN will meet with the two PATH coordinators monthly. This will allow for a review of progress toward projected goals, problems with data integrity or the Palm Pilot system and to allow the RSN and the two teams to refocus attention to the changing needs of the homeless. The RSN is also committed to being more involved in participating in local discussions of homeless needs.

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TDD (253) 798-4277 ! FAX (253) 798-2721
www.co.pierce.wa.us/HS

EQUAL OPPORTUNITY EMPLOYER

Therefore the RSN PATH program coordinator will be attending the Homeless Coalition and Continuum of Care meetings.

a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

Based on the combined projections of the two PATH programs in Pierce County, it is estimated that approximately 445 individuals will receive outreach and engagement services. Of those, approximately 254 are projected to be in enrolled as PATH clients.

b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

Please refer to the two Pierce RSN sub-contractor Intended Use Plans for further details about this section of the application. Please see Pierce RSN, Comprehensive CMHC and Greater Lakes CMH IUPs.

aa. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

bb. gaps in current service systems;

cc. services available for clients who have both a serious mental illness and substance use disorder;

dd. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

42. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Both PATH providers have played significant roles in the ongoing development of the HUD Continuum of Care and the development of the 10-Year Plan to End Homelessness in Pierce County. Greater Lakes Mental Health and Comprehensive Mental Health each have long-standing commitments to address the needs of the most vulnerable individuals, including the homeless mentally ill, in their respective communities and throughout the greater Pierce County region.

Telephone (253) 798-4926 ! Toll Free 1-800-531-0508
TDD (253) 798-4277 ! FAX (253) 798-2721
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EQUAL OPPORTUNITY EMPLOYER

The RSN works closely with both agencies to help identify and support areas of greatest need for the homeless and those at imminent at risk of homelessness. RSN care managers participate in both the Homeless Coalition and the Continuum of Care to help identify community and provider concerns and participate in planning activities.

43. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

Please see the individual plans from Comprehensive Mental Health and Greater Lakes Mental Health for a complete description of their program demographics and plans to meet the population differences encountered by each team. It is the RSN's contractual requirements that when a team and/or agency composition is unable to provide adequate consultation regarding a cultural, racial, gender, language or age issue that the team will seek appropriate outside consultation services. Services are to be sought in a timely manner to appropriately address the individual's needs.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Please see the individual plans from Comprehensive Mental Health and Greater Lakes Mental Health for specific descriptions of how each agency involves the homeless in the development of its plan, on its staff and on its advisory board.

Telephone (253) 798-4926 ! Toll Free 1-800-531-0508
TDD (253) 798-4277 ! FAX (253) 798-2721
www.co.pierce.wa.us/HS

EQUAL OPPORTUNITY EMPLOYER

Washington State PATH Application 2005
Pierce County Regional Support Network

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$127,950	$34,356			$162,306
b. Fringe Benefits	$36,350	$4,907			$41,257
c. Travel	$2,522	$928			$3,450
d. Equipment	$500	$4,183			$4,683
e. Supplies	$1,683	$454			$2,137
f. Contractual (Includes RSN Contract with NW Resource Associates)	$13,861	$0			$13,861
g. Construction	$0	$0			$0
h. Other	$950	$5,617			$6,567
i. Total Direct Charges (sum of 6a - 6h)	$183,816	$50,445			$234,261
j. Indirect Charges	$5,100	$15,572			$20,672
k. TOTAL (sum of 6i and 6j)	$188,916	$66,017			$254,933
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8. PATH/Homeless Program				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Pierce County RSN PATH 2005 Budget Narrative

Budget Narrative		PATH Funded		Match Funded	
		FTE	Salary	FTE	Salary
Personnel- includes staff from CMH, MDC & GLMH	*Position*				
	RSN Care Manager			0.05	$3,579
	Outreach Workers	0.80	$14,800	0.20	$3,700
	Case Manager	1.70	$72,040	0.15	$6,810
	2 Program Supervisors	0.10	$7,100	0.15	$9,220
	CD Outreach worker	0.80	$34,010	0.38	$14,626
Subtotals		3.40	$127,950	0.88	$37,935
Benefits	Includes payroll plus health and welfare coverage at 28% of salaries /wages per CMH policies, 36 % per MDC and 22% per GLMHC policies		$36,350		$4,907
Travel	Reflects local tavel for outreach workers		$2,522		$928
Equipment & Space	Palm Pilot repair & replacements /office space		$500		$4,183
Supplies	Office supplies, copying, printing		$1,683		$454
Contractual Services	Data management contracts with NW Resource Associates		$13,861		
Other	Training expenses, telephone/pager costs, communication, insurance		$950		$5,617
Indirect Costs	10.76% for CMH and 16.2% for GLMHC		$5,100		$15,572
Totals			**$188,916**		**$69,596**

Section C: Local Provider Intended Use Plans

44. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

45.

Comprehensive Mental Health Center (CMHC), Lead Agency
514 S. 13th, Tacoma, WA 98402 1-253-396-5000
Private, non-profit licensed MH center that receives public funding to serve individuals with severe and persistent mental illness.

Comprehensive MHC will sub-contract with Metropolitan Development Council for drug and alcohol treatment for eligible PATH clients who have mental health and co-occurring substance use disorders.

Metropolitan Development Council (MDC)
721 Fawcett, Tacoma, WA 98402 1-253-627-5445

The Metropolitan Development Council is a Community Action Agency and Community Housing Development Organization operating 38 individual programs including intensive outpatient treatment, medical detoxification, alcohol and drug involuntary commitment services and a continuum of housing options.

CMHC and MDC primarily serve the urban portions of Pierce County, WA. This intensely urban area includes the city of Tacoma, which is surrounded by a sizeable suburban and rural area with a combined population of 733,000. Publicly-funded mental health services are provided through the Pierce County Regional Support Network and its three principal mental health providers, one of which is Comprehensive Mental Health.

46. Indicate the amount of federal PATH funds the organization will receive.

An award of $143,331 in PATH funds is anticipated.

47. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

    a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of “imminent risk of homelessness”);

    Projected PATH outreach contacts: 30/month (360 annually)
    PATH consumers projected to be enrolled: 17/month (204 annually)

    Projections are based on aggregate data from the previous 4 years as well as the forecasts

of experienced PATH team members. Estimates are based on locating and engaging the homeless both on the streets and when identified in various provider environments such as Crisis Triage Center, emergency rooms or local shelters.

It is estimated that within the 2005-2006 funding cycle approximately 60% of the PATH team outreach contacts, or 216 individuals, will involve people identified, at the time of contact, as literally homeless. Because of the nature of homelessness and services available, some individuals may transition between literal homelessness and imminently at risk of homelessness during the funding period.

b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

- Outreach
- Screening and diagnostic services
- Habilitation and rehabilitation
- Community mental health
- Alcohol and drug treatment (through sub-contract)
- Case management
- Referrals for primary health, job training, educational and housing services

As it has for more than 14 years the PATH team strives to provide coordinated services to the homeless in Pierce County with specific emphasis on those in the urban areas, particularly Tacoma. Because the number of homeless in this urban area continues to rise, available, appropriate and affordable housing remains in short supply. As community resources decline the PATH team remains a vital link to the homeless with mental illness and or co-occurring disorders in Pierce County.

Along with outreach, engagement and screening for PATH eligibility, the team regularly works to provide case management, referrals and linkage to substance abuse treatment, medical and dental care as well mental health and crisis services. The success of the team is marked by its unwavering commitment to locate and serve these most vulnerable of individuals. Specific services include:

- Outreach and engagement: The PATH team is constantly seeking out the homeless and those at risk of becoming homeless throughout urban Tacoma and its surrounding communities. Team members monitor and visit known encampments. These areas are likely to serve as shelters for those seeking refuge.
The PATH team is also actively involved with community mental health center liaisons and hospital social workers at area emergency rooms, inpatient psychiatric units and the Crisis Triage Center. This allows PATH staff to engage the homeless before they return to the streets and begin developing a plan for post-discharge follow-up. This proactive engagement encourages much greater continuity of care.

Outreach begins before the team actually encounters a homeless person as staff talks with local law enforcement and stop in restaurants and convenience stores in areas frequented by

the homeless. Along the way they educate others about homelessness and the signs of mental illness or substance abuse that might be observed. Staff always leave a card, a resource list and a request to call if the community member knows of a person needing help.

Outreach to the homeless is a gradual process often requiring weeks just to get a name or acceptance of an offer for help. It involves building trust, showing respect and building rapport. Introductions are offered and if accepted staff will generally offer a basic hygiene kit to help establish rapport. During this period of "sizing up" PATH staff begins to establish PATH eligibility as well as interest in possible services.

- Screening & Diagnostic Services: While PATH staff constantly evaluates for PATH program eligibility the screening process typically begins at first contact. If in visible distress the individual will be transported or directed to a relevant level of care. These would include options such as:

- Crisis Triage Center
- Health Care for the Homeless clinics
- Tacoma Detox Center including 8 new sobering beds.
- Area hospital Emergency Rooms
- Individuals might be also connected with a Crisis Services if the situation warranted. This would lead to further assessment and possible diversion to one of the above.

Multiple contacts are generally required to engage the individual, accurately determine PATH program eligibility and get a clear sense of how the PATH team can assist the person. If at any time during the screening process the individual appears to meet community mental health Access to Care Standards and is willing to accept these services the PATH staff will help facilitate a referral to the appropriate mental health agency for an intake appointment.

- Community mental health treatment: If the consumer is agreeable to mental health services PATH staff work to identify available and appropriate resources and how best to access them. If necessary PATH staff will make the referral and even help arrange for transportation to better ensure connection to service. If the individual appears to meet funding requirements he/she may be eligible for an intake assessment with one of the three RSN contracted providers. Those not eligible can be seen by members of a Crisis Intervention Team or the afterhours Mobile Outreach Crisis Team if in an immediate crisis. PATH provides follow-up on homeless individuals referred to area crisis services to better insure that the individual is safe and that continuity of care has been established.

- Drug/alcohol treatment: The PATH team includes a chemical dependency (CD) counselor from the Metropolitan Development Council. During an outreach he does a brief CD interview to determine the extent of an individual's substance use/abuse, need for treatment and possible treatment options. The PATH team frequently uses the Tacoma Detox Center as well as its eight new sobering beds. The Crisis Triage Center (CTC) is also used by PATH staff when they encounter someone in a psychiatric or substance related crisis. The team also receives referrals from CTC when they encounter a homeless individual who appears to meet PATH eligibility criteria.

New this year is PATH's role as a primary referral source for the Housing First Project serving the needs of individuals with substance abuse. PATH clients will also benefit from the Access to Recovery grant awarded to Pierce County in 2004. Under this grant PATH clients with a co-occurring disorder are intended to have priority access to treatment resources.

- Staff training: Several of the PATH team members train at various sites including clinics, shelters, meal sites and drop-in centers. These sessions, based on the Rennenbohm model, help staff at all levels from administrative to line staff engage the homeless individuals with whom they come in contact. The goal is to teach others to help the homeless access resources. Respect and dignity are emphasized. Staff have also been involved with training local law enforcement about ways to approach and interact with the homeless, while minimizing mutual risk and increasing the effectiveness of interactions and communications. PATH has been teaching the core team for the new Housing First Project as well training the trainers for the January 2005 one-night homeless count.

- Case management & referral services: Case management is the unique collection of services provided by PATH staff and allied providers based on a plan developed with the consumer. The plan, based on the individual's expressed needs, preferences and voice, establishes agreed upon goals. These frequently include such fundamentals as securing a valid Washington state identification (ID) card, access to medication, assistance accessing VA benefits or assistance in transportation to appointments. It may also include services such as advocacy on the consumer's behalf, referrals to medical care, mental health, payee services or housing resources, transportation to appointments, assistance in applying for services and benefits and vocational assistance such as referrals for job training or educational programs. Progress is monitored along the way and as the individual's needs change so does the plan.

A good example of persistent and successful case management involves a homeless man from Florida. Diagnosed with schizophrenia, delusional and unwilling to reveal his name, the PATH team worked for a year to engage him. In the process, the team developed a plan for the man. In cooperation with staff at a local church, the team eventually determined his correct name and got him a Washington ID card. They also were able to begin investigating available military benefits.

- Referrals for primary health, job training, educational and housing services: Team members maintain contact with the Department of Vocational Rehabilitation and Pierce County Work Source to help link individuals with employment, training or educational opportunities. Because some consumers decline involvement with structured programs PATH staff often connect these individuals with temporary labor agencies. This allows them to earn income and feel productive despite their homeless status.

c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Comprehensive CMHC maintains contact and/or has a working relationship with the more than 50 agencies within the Coalition for the Homeless *and* the Continuum of Care. These relationships include local social service agencies, churches, schools, shelters, soup kitchens, community mental health providers, law enforcement agencies, medical clinics, small business owners, residential facility operators and many others. The PATH team is regularly seen as the link between those on the streets and those with resources.

PATH continues its rich history of partnership with Tacoma area agencies and services including Helping Hand House, Community Health Care clinics throughout the county, the Crisis Triage Center, Tacoma Detox Center, Tacoma Rescue Mission and its Challenge Learning Center, Pioneer Center North, Tacoma Housing Authority, WorkSource, Mountainside Mental Health, the Department of Vocational Rehabilitation, the Salvation Army facilities in Tacoma, Olympia and Seattle, the Metropolitan Development Council as well as drop-in centers and meal sites such as Nativity House and Hospitality Kitchen.

In the past year PATH has begun working with South Sound Outreach Services a non-profit, grant-funded organization focused on helping individuals navigate the complexities of applying for Medicaid, Social Security, prescription assistance, etc. They also help individuals with basic appeals and allow homeless individuals to use their office as a mailing address for benefit applications. This is a major addition to available community resources for the homeless.

d. gaps in current service systems;

1. Barrier-free housing:

In a survey conducted in the Fall of 2004 safe, affordable and available transitional and permanent housing were identified as needs in Tacoma and Pierce County. The Coalition for the Homeless and the Continuum of Care groups promised work toward an interim solution by the winter of 2005; a plan for which is pending at this time.

As a part of the 10 Year Plan to End Chronic Homelessness in Pierce County, four area agencies joined to implement a Housing First Project with an initial allocation of five beds. Another thirty beds are planned for July 2005. The PATH team refers those individuals to the project identified individuals with mental illness or co-occurring disorders and recognized for their extensive utilization of crisis based services.

2. Shelter beds:

Historically and anecdotally, many homeless have chosen to live on the street and make this choice rather than enduring the daily process of waiting in line for a shelter bed only to be turned away or to have their limited possessions stolen while sleeping in a dormitory room with as many as 90 other individuals.

Written requests by the Homeless Coalition and the Continuum of Care asking shelters to open earlier have resulted in many shelters agreeing to do so. The Coalition and the Continuum have also developed informal guidelines called Shelter Standards which provide a recognized means of documenting such issues as cleanliness, dignity, respect and other

conditions leading to a safe, restful stay in a shelter bed.

3. Housing for prostitutes:
Often homeless women with a mental illness have a substance abuse problem. Many turn to prostitution to meet their basic needs that further increases their vulnerability.

MDC has created a new program to help house women involved in prostitution. The outreach worker teaches the women how to stop being victimized. The PATH team works with the program outreach worker and program director to help expedite getting these women into a safer setting as quickly as possible. The team also works with a Catholic nun serving women incarcerated in the Pierce County jail.

4. Drug/alcohol treatment:
Chemical dependency issues are more often served by stopgap efforts than coordinated and programmed treatment.

In 2004 Tacoma Detox opened eight sobering beds. This new resource has provided the PATH staff with a new option for homeless individuals struggling with frequent intoxication. PATH staff also continues to use traditional Detox resources.

As a chemical dependency professional, one PATH team member is often aware of lessor known treatment options and therefore able to expedite placement of a homeless consumer into a treatment setting.

5. Veterans Administration:
Despite ongoing discussions with PATH administrator during the past 2 years VA staff do not conduct active outreach into the community. This circumstance creates a major hurdle for homeless veterans unwilling or unable to go to the VA facility at American Lake, but who are eligible for benefits.

PATH discussions with the VA have resulted in a VA representative being out-stationed at the Hospitality Kitchen for three hours per week. This provides a less intimidating and more effective means for homeless veterans to begin a dialogue with the VA. PATH staff members are available to assist in these discussions.

6. Medicaid & Social Security benefits:
Many of the PATH consumers are eligible for benefits but have lost benefits, never applied for them, or are too ill to pursue them.

PATH staff attended the training on "*Presumptive Eligibility for Medicaid*" in 2004 in order to help expedite PATH consumers enrollment in Medicaid.

PATH staff frequently work with South Sound Outreach Services a recently grant-funded Tacoma agency specializing in helping people apply for or access an array of benefits including Social Security and Medicaid.

7. Law enforcement & the homeless:
With changes in the Community Liaison Officer program the homeless often avoid law enforcement despite frequent victimization.

Several PATH staff have been involved in educating local law enforcement in ways to more effectively approach and engage the homeless.

The Coalition for the Homeless has requested that law enforcement consider providing warning prior to destruction of area homeless encampments and establish a more compassionate approach to avoid the destruction of personal possessions.

The PATH program has been asked to contribute ideas for Best Practice Guidelines for the Tacoma Police Department when working with homeless..

8. Tacoma-Pierce County Health Department:
The Health Department has not been involved in Coalition activities in the past two years as previously due to changes in staff and more limited funding.

The PATH team has requested that the Health Department consider having a health educator participate in the Homeless Coalition meetings as well as provide doing outreach education at shelters, meal sites and drop-in centers. .

9. Hygiene kits:
Personal hygiene is a constant problem for homeless individuals especially in terms of feminine hygiene products.

The PATH team frequently distributes personal hygiene kits as a bridge when first making contact with a homeless person..

A local graduate student will solicit and manage various inventories of feminine hygiene products during the next two years as part of a Master's thesis. Products will then be repackaged into kits by residents of a local dementia care facility as part of their activities program.

e. services available for clients who have both a serious mental illness and substance use disorder;

The PATH team includes a chemical dependency specialist from the Metropolitan Development Council. He is responsible for the evaluation and referral of those homeless consumers who present who the most significant co-occurring mental health and substance use issues. Other team members consult with him in determining whether he needs to join another team member in a joint outreach effort for further assessment. All team member are able to make referrals to the local Detox center and its eight sobering beds.

Crisis Triage Center is also available for those individuals experiencing a crisis due to a mental illness, substance use or both. While at Crisis Triage, each consumer receives an

admission assessment by a Behavioral Health Specialist to determine mental status, level of functioning, substance abuse and degree of crisis, etc.. Triage also has a chemical dependency specialist on staff who is available for consultation with PATH Staff and evaluations of PATH consumers. The Pierce County Alliance and Pioneer Center North are more intensive treatment options available to the homeless and generally require PATH team assistance to access.

f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

As in previous years, PATH relies on a comprehensive network of resources and stakeholders to meet the expanding needs of the homeless in Pierce County. At the heart of this network are long-standing relationships with landlords and churches. The team also frequently refers to area shelters including The Helping Hand House, The King Center, Tacoma Rescue Mission, family shelter, the YWCA, the New Life Program at the Tacoma Rescue Mission as well as a number of clean and sober houses such as Agape House, House of Vision, Phoenix Housing Network, McKinley House, Guadalupe House and the Salvation Army Family Lodge, God's Ranch and the G Street Shelter. Those individuals connected with services through the Alcoholish and Drugb Addiction Treatment and Support Act (ADATSA) are also referred to Prosperity House. For individuals experiencing a mental health crisis a short term placement in a Crisis Bed is possible while the crisis addressed. The Housing First Model Demonstration project has contributed five barrier-free beds to the available network. This project is scheduled to expand to thirty beds by mid-2005.

48. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

- The Housing First Project was as a joint effort between Greater Lakes Mental Health Center, the AIDS Foundation, the Department of Corrections, the Metropolitan Development Council and Comprehensive Mental Health. Two consumers who participate in both the Homeless Coalition and Continuum of Care are serving as advocates and mentors for the project's residents.

- The Interim Shelter Committee was created to identify interim shelter space for the winter months. The group looked at "tent city" programs in Portland and Seattle and researched possible sites in the Tacoma area.

- PATH is working with a number of local faith-based organizations, sharing resource information and conducting a monthly "therapeutic community group" for homeless men. Efforts are directed at convincing these organizations to rejoin the Homeless Coalition and the Continuum of Care after an absence of several years.

- PATH distributes scores of blankets donated by World Vision and Operation Keep 'Em Warm' to the homeless during outreach efforts.

- At the request of the he Continuum of Care the PATH coordinator wrote a training packet entitled "How to Count" for the 2005 one night homeless count. Staff also participated in a train-the-trainer program related to volunteer training for that event.

49. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

(a) Demographically, 77% of individuals seen are between the ages of 18 and 50 (when age can be confirmed). Males comprise approximately 76% of individuals seen, females 24%. Racially Caucasians account for about 65% of the team's contacts while African American's make up slightly less than one quarter. Hispanics and native Americans comprise less than 10%.
(b) The composition of the PATH team includes a Caucasian female coordinator and three Caucasian male outreach staff, one of whom is a consumer and has been with the team for more than seven years.
(c) The PATH team seeks cultural/ethnic consultations from Comprehensive Mental Health staff and minority mental health specialists as well as from partners as needed within the Homeless Coalition, Continuum of Care and allied system providers. This has recently included consultations for Native Americans with the Puyallup Tribe, Kawachee Mental Health Services and the Tahoma Indian center.

Foreign language interpreters are also drawn from the same agencies when needed to meet the needs of non-English speaking consumers. The Pierce County AIDS Foundation, the Rainbow Center, Verbena and Oasis all assist PATH staff in issues regarding sexual minorities. Other consultations are available from agencies such as the Department of Developmental Disabilities, Asian Counseling Services, SeaMar, Consejo and the King Center. Geriatric consultations are available from CMH older adult staff.

(d) While the Team has no formal cultural competency training scheduled for 2005 the PATH coordinator is working with CMH administration to fund at least one training. The RSN is also discussing the possibility of CMH PATH team members attending selected cultural competency trainings conducted by Greater Lakes Mental Health

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Comprehensive Mental Health (CMH), its PATH team, and the Pierce County RSN continue to value input from consumers and their family members. CMC employs six consumers with one providing case management for mental health consumers. Having been homeless previously, she is well suited to provide feedback on this plan. Another consumer has been a PATH team member for seven years and is well respected by the Coalition and Continuum of Care groups for his participation in planning meetings.

In previous years PATH staff members have conducted informal surveys of the homeless in Tacoma to obtain feedback on PATH services to better meet consumer needs. In addition, early each year PATH team members participate in a public hearing at Pierce County RSN Mental Health Advisory Board meeting. Notices for this meeting are distributed by the PATH team encouraging input and/or participation by homeless consumers and individuals in the community concerned about access to resources. Annually, the PATH team coordinator submits a copy of the Intended Use Plan to a number of consumers for feedback regarding the scope and focus of the plan.

Washington State PATH Application 2005
Pierce County RSN--Comprehensive MHC

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$93,838	$26,556			$120,394
b. Fringe Benefits	$28,845	$3,191			$32,036
c. Travel	$2,522	$0			$2,522
d. Equipment	$250	$3,500			$3,750
e. Supplies	$1,300	$0			$1,300
f. Contractual	$0	$0			$0
g. Construction	$0	$0			$0
h. Other	$950	$4,056			$5,006
i. Total Direct Charges (sum of 6a - 6h)					$165,008
j. Indirect Charges	$5,100	$7,851			$12,951
k. TOTAL (sum of 6i and 6j)	$132,805	$45,154			$177,959
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8. PATH/Homeless Program				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Comprehensive Mental Health

Path Homeless

Budget Narrative
IUP '05-'06

	Description			**PATH Funded**		**Match Funded**	**Grant & Match Totals**
Personnel		Salary	FTE	Salary	FTE	Salary	
	Outreach Worker	18,500	0.8	14,800	0.20	3,700	
	Case Manager	44,738	1.0	37,928	0.15	6,810	
	Supervisor	71,205	0.1	7,100	0.02	1,420	
Sub Totals			1.90	59,828	0.37	11,930	71,758
Benefits	28% of salaries and wages including payroll taxes plus health and welfare coverage per CMH policies			16,751		3,191	19,942
Travel	Reflects local travel on outreach work			1,522			1,522
Equipment/Occupancy	Palm Pilots			250		3,500	3,750
Supplies	Office Supplies, printing, etc.			1000			1,000
Contractual Services	Reflects MDC services of one MH Counselor at .8 FTE			50288		17,098	67,386
Other	Liability Insurance					1,563	1,563
	Telephone, pager, training					2,493	2,493
Indirect Cost	10.76% (includes 4% PATH funded			3166		5,379	8,545
Totals				**132,805**		**45,154**	**177,959**

Section C: Local Provider Intended Use Plans

50. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

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52. Indicate the amount of federal PATH funds the organization will receive.

An award of $143,331 in PATH funds is anticipated.

53. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of “imminent risk of homelessness”);

Projected PATH outreach contacts: 30/month (360 annually)
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experienced PATH team members. Estimates are based on locating and engaging the homeless both on the streets and when identified in various provider environments such as Crisis Triage Center, emergency rooms or local shelters.

It is estimated that within the 2005-2006 funding cycle approximately 60% of the PATH team outreach contacts, or 216 individuals, will involve people identified, at the time of contact, as literally homeless. Because of the nature of homelessness and services available, some individuals may transition between literal homelessness and imminently at risk of homelessness during the funding period.

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- Outreach and engagement: The PATH team is constantly seeking out the homeless and those at risk of becoming homeless throughout urban Tacoma and its surrounding communities. Team members monitor and visit known encampments. These areas are likely to serve as shelters for those seeking refuge.
The PATH team is also actively involved with community mental health center liaisons and hospital social workers at area emergency rooms, inpatient psychiatric units and the Crisis Triage Center. This allows PATH staff to engage the homeless before they return to the streets and begin developing a plan for post-discharge follow-up. This proactive engagement encourages much greater continuity of care.

Outreach begins before the team actually encounters a homeless person as staff talks with local law enforcement and stop in restaurants and convenience stores in areas frequented by the

homeless. Along the way they educate others about homelessness and the signs of mental illness or substance abuse that might be observed. Staff always leave a card, a resource list and a request to call if the community member knows of a person needing help.

Outreach to the homeless is a gradual process often requiring weeks just to get a name or acceptance of an offer for help. It involves building trust, showing respect and building rapport. Introductions are offered and if accepted staff will generally offer a basic hygiene kit to help establish rapport. During this period of "sizing up" PATH staff begins to establish PATH eligibility as well as interest in possible services.

- Screening & Diagnostic Services: While PATH staff constantly evaluates for PATH program eligibility the screening process typically begins at first contact. If in visible distress the individual will be transported or directed to a relevant level of care. These would include options such as:

- Crisis Triage Center
- Health Care for the Homeless clinics
- Tacoma Detox Center including 8 new sobering beds.
- Area hospital Emergency Rooms
- Individuals might be also connected with a Crisis Services if the situation warranted. This would lead to further assessment and possible diversion to one of the above.

Multiple contacts are generally required to engage the individual, accurately determine PATH program eligibility and get a clear sense of how the PATH team can assist the person. If at any time during the screening process the individual appears to meet community mental health Access to Care Standards and is willing to accept these services the PATH staff will help facilitate a referral to the appropriate mental health agency for an intake appointment.

- Community mental health treatment: If the consumer is agreeable to mental health services PATH staff work to identify available and appropriate resources and how best to access them. If necessary PATH staff will make the referral and even help arrange for transportation to better ensure connection to service. If the individual appears to meet funding requirements he/she may be eligible for an intake assessment with one of the three RSN contracted providers. Those not eligible can be seen by members of a Crisis Intervention Team or the afterhours Mobile Outreach Crisis Team if in an immediate crisis. PATH provides follow-up on homeless individuals referred to area crisis services to better insure that the individual is safe and that continuity of care has been established.

- Drug/alcohol treatment: The PATH team includes a chemical dependency (CD) counselor from the Metropolitan Development Council. During an outreach he does a brief CD interview to determine the extent of an individual's substance use/abuse, need for treatment and possible treatment options. The PATH team frequently uses the Tacoma Detox Center as well as its eight new sobering beds. The Crisis Triage Center (CTC) is also used by PATH staff when they encounter someone in a psychiatric or substance related crisis. The team also receives referrals from CTC when they encounter a homeless individual who appears to meet PATH eligibility criteria.

New this year is PATH's role as a primary referral source for the Housing First Project serving the needs of individuals with substance abuse. PATH clients will also benefit from the Access to Recovery grant awarded to Pierce County in 2004. Under this grant PATH clients with a co-occurring disorder are intended to have priority access to treatment resources.

- Staff training: Several of the PATH team members train at various sites including clinics, shelters, meal sites and drop-in centers. These sessions, based on the Rennenbohm model, help staff at all levels from administrative to line staff engage the homeless individuals with whom they come in contact. The goal is to teach others to help the homeless access resources. Respect and dignity are emphasized. Staff have also been involved with training local law enforcement about ways to approach and interact with the homeless, while minimizing mutual risk and increasing the effectiveness of interactions and communications. PATH has been teaching the core team for the new Housing First Project as well training the trainers for the January 2005 one-night homeless count.

- Case management & referral services: Case management is the unique collection of services provided by PATH staff and allied providers based on a plan developed with the consumer. The plan, based on the individual's expressed needs, preferences and voice, establishes agreed upon goals. These frequently include such fundamentals as securing a valid Washington state identification (ID) card, access to medication, assistance accessing VA benefits or assistance in transportation to appointments. It may also include services such as advocacy on the consumer's behalf, referrals to medical care, mental health, payee services or housing resources, transportation to appointments, assistance in applying for services and benefits and vocational assistance such as referrals for job training or educational programs. Progress is monitored along the way and as the individual's needs change so does the plan.

A good example of persistent and successful case management involves a homeless man from Florida. Diagnosed with schizophrenia, delusional and unwilling to reveal his name, the PATH team worked for a year to engage him. In the process, the team developed a plan for the man. In cooperation with staff at a local church, the team eventually determined his correct name and got him a Washington ID card. They also were able to begin investigating available military benefits.

- Referrals for primary health, job training, educational and housing services: Team members maintain contact with the Department of Vocational Rehabilitation and Pierce County Work Source to help link individuals with employment, training or educational opportunities. Because some consumers decline involvement with structured programs PATH staff often connect these individuals with temporary labor agencies. This allows them to earn income and feel productive despite their homeless status.

h. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Comprehensive CMHC maintains contact and/or has a working relationship with the more than 50 agencies within the Coalition for the Homeless *and* the Continuum of Care. These relationships include local social service agencies, churches, schools, shelters, soup kitchens, community mental health providers, law enforcement agencies, medical clinics, small business owners, residential facility operators and many others. The PATH team is regularly seen as the link between those on the streets and those with resources.

PATH continues its rich history of partnership with Tacoma area agencies and services including Helping Hand House, Community Health Care clinics throughout the county, the Crisis Triage Center, Tacoma Detox Center, Tacoma Rescue Mission and its Challenge Learning Center, Pioneer Center North, Tacoma Housing Authority, WorkSource, Mountainside Mental Health, the Department of Vocational Rehabilitation, the Salvation Army facilities in Tacoma, Olympia and Seattle, the Metropolitan Development Council as well as drop-in centers and meal sites such as Nativity House and Hospitality Kitchen.

In the past year PATH has begun working with South Sound Outreach Services a non-profit, grant-funded organization focused on helping individuals navigate the complexities of applying for Medicaid, Social Security, prescription assistance, etc. They also help individuals with basic appeals and allow homeless individuals to use their office as a mailing address for benefit applications. This is a major addition to available community resources for the homeless.

i. gaps in current service systems;

1. Barrier-free housing:

In a survey conducted in the Fall of 2004 safe, affordable and available transitional and permanent housing were identified as needs in Tacoma and Pierce County. The Coalition for the Homeless and the Continuum of Care groups promised work toward an interim solution by the winter of 2005; a plan for which is pending at this time.

As a part of the 10 Year Plan to End Chronic Homelessness in Pierce County, four area agencies joined to implement a Housing First Project with an initial allocation of five beds. Another thirty beds are planned for July 2005. The PATH team refers those individuals to the project identified individuals with mental illness or co-occurring disorders and recognized for their extensive utilization of crisis based services.

2. Shelter beds:

Historically and anecdotally, many homeless have chosen to live on the street and make this choice rather than enduring the daily process of waiting in line for a shelter bed only to be turned away or to have their limited possessions stolen while sleeping in a dormitory room with as many as 90 other individuals.

Written requests by the Homeless Coalition and the Continuum of Care asking shelters to open earlier have resulted in many shelters agreeing to do so. The Coalition and the Continuum have also developed informal guidelines called Shelter Standards which provide a recognized means of documenting such issues as cleanliness, dignity, respect and other conditions leading to a safe, restful stay in a shelter bed.

3. Housing for prostitutes:
Often homeless women with a mental illness have a substance abuse problem. Many turn to prostitution to meet their basic needs that further increases their vulnerability.

MDC has created a new program to help house women involved in prostitution. The outreach worker teaches the women how to stop being victimized. The PATH team works with the program outreach worker and program director to help expedite getting these women into a safer setting as quickly as possible. The team also works with a Catholic nun serving women incarcerated in the Pierce County jail.

4. Drug/alcohol treatment:
Chemical dependency issues are more often served by stopgap efforts than coordinated and programmed treatment.

In 2004 Tacoma Detox opened eight sobering beds. This new resource has provided the PATH staff with a new option for homeless individuals struggling with frequent intoxication. PATH staff also continues to use traditional Detox resources.

As a chemical dependency professional, one PATH team member is often aware of lessor known treatment options and therefore able to expedite placement of a homeless consumer into a treatment setting.

5. Veterans Administration:
Despite ongoing discussions with PATH administrator during the past 2 years VA staff do not conduct active outreach into the community. This circumstance creates a major hurdle for homeless veterans unwilling or unable to go to the VA facility at American Lake, but who are eligible for benefits.

PATH discussions with the VA have resulted in a VA representative being out-stationed at the Hospitality Kitchen for three hours per week. This provides a less intimidating and more effective means for homeless veterans to begin a dialogue with the VA. PATH staff members are available to assist in these discussions.

6. Medicaid & Social Security benefits:
Many of the PATH consumers are eligible for benefits but have lost benefits, never applied for them, or are too ill to pursue them.

PATH staff attended the training on "*Presumptive Eligibility for Medicaid*" in 2004 in order to help expedite PATH consumers enrollment in Medicaid.

PATH staff frequently work with South Sound Outreach Services a recently grant-funded Tacoma agency specializing in helping people apply for or access an array of benefits including Social Security and Medicaid.

7. Law enforcement & the homeless:

With changes in the Community Liaison Officer program the homeless often avoid law enforcement despite frequent victimization.

Several PATH staff have been involved in educating local law enforcement in ways to more effectively approach and engage the homeless.

The Coalition for the Homeless has requested that law enforcement consider providing warning prior to destruction of area homeless encampments and establish a more compassionate approach to avoid the destruction of personal possessions.

The PATH program has been asked to contribute ideas for Best Practice Guidelines for the Tacoma Police Department when working with homeless..

8. Tacoma-Pierce County Health Department:
The Health Department has not been involved in Coalition activities in the past two years as previously due to changes in staff and more limited funding.

The PATH team has requested that the Health Department consider having a health educator participate in the Homeless Coalition meetings as well as provide doing outreach education at shelters, meal sites and drop-in centers. .

9. Hygiene kits:
Personal hygiene is a constant problem for homeless individuals especially in terms of feminine hygiene products.

The PATH team frequently distributes personal hygiene kits as a bridge when first making contact with a homeless person..

A local graduate student will solicit and manage various inventories of feminine hygiene products during the next two years as part of a Master's thesis. Products will then be repackaged into kits by residents of a local dementia care facility as part of their activities program.

j. services available for clients who have both a serious mental illness and substance use disorder;

The PATH team includes a chemical dependency specialist from the Metropolitan Development Council. He is responsible for the evaluation and referral of those homeless consumers who present who the most significant co-occurring mental health and substance use issues. Other team members consult with him in determining whether he needs to join another team member in a joint outreach effort for further assessment. All team member are able to make referrals to the local Detox center and its eight sobering beds.

Crisis Triage Center is also available for those individuals experiencing a crisis due to a mental illness, substance use or both. While at Crisis Triage, each consumer receives an admission assessment by a Behavioral Health Specialist to determine mental status, level of functioning,

substance abuse and degree of crisis, etc.. Triage also has a chemical dependency specialist on staff who is available for consultation with PATH Staff and evaluations of PATH consumers. The Pierce County Alliance and Pioneer Center North are more intensive treatment options available to the homeless and generally require PATH team assistance to access.

k. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

As in previous years, PATH relies on a comprehensive network of resources and stakeholders to meet the expanding needs of the homeless in Pierce County. At the heart of this network are long-standing relationships with landlords and churches. The team also frequently refers to area shelters including The Helping Hand House, The King Center, Tacoma Rescue Mission, family shelter, the YWCA, the New Life Program at the Tacoma Rescue Mission as well as a number of clean and sober houses such as Agape House, House of Vision, Phoenix Housing Network, McKinley House, Guadalupe House and the Salvation Army Family Lodge, God's Ranch and the G Street Shelter. Those individuals connected with services through the Alcoholish and Drugb Addiction Treatment and Support Act (ADATSA) are also referred to Prosperity House. For individuals experiencing a mental health crisis a short term placement in a Crisis Bed is possible while the crisis addressed. The Housing First Model Demonstration project has contributed five barrier-free beds to the available network. This project is scheduled to expand to thirty beds by mid-2005.

54. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

- The Housing First Project was as a joint effort between Greater Lakes Mental Health Center, the AIDS Foundation, the Department of Corrections, the Metropolitan Development Council and Comprehensive Mental Health. Two consumers who participate in both the Homeless Coalition and Continuum of Care are serving as advocates and mentors for the project's residents.

- The Interim Shelter Committee was created to identify interim shelter space for the winter months. The group looked at "tent city" programs in Portland and Seattle and researched possible sites in the Tacoma area.

- PATH is working with a number of local faith-based organizations, sharing resource information and conducting a monthly "therapeutic community group" for homeless men. Efforts are directed at convincing these organizations to rejoin the Homeless Coalition and the Continuum of Care after an absence of several years.

- PATH distributes scores of blankets donated by World Vision and Operation Keep 'Em Warm' to the homeless during outreach efforts.

- At the request of the he Continuum of Care the PATH coordinator wrote a training packet entitled "How to Count" for the 2005 one night homeless count. Staff also participated in a train-the-trainer program related to volunteer training for that event.

55. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive

to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

(a) Demographically, 77% of individuals seen are between the ages of 18 and 50 (when age can be confirmed). Males comprise approximately 76% of individuals seen, females 24%. Racially Caucasians account for about 65% of the team's contacts while African American's make up slightly less than one quarter. Hispanics and native Americans comprise less than 10%.
(b) The composition of the PATH team includes a Caucasian female coordinator and three Caucasian male outreach staff, one of whom is a consumer and has been with the team for more than seven years.
(c) The PATH team seeks cultural/ethnic consultations from Comprehensive Mental Health staff and minority mental health specialists as well as from partners as needed within the Homeless Coalition, Continuum of Care and allied system providers. This has recently included consultations for Native Americans with the Puyallup Tribe, Kawachee Mental Health Services and the Tahoma Indian center.

Foreign language interpreters are also drawn from the same agencies when needed to meet the needs of non-English speaking consumers. The Pierce County AIDS Foundation, the Rainbow Center, Verbena and Oasis all assist PATH staff in issues regarding sexual minorities. Other consultations are available from agencies such as the Department of Developmental Disabilities, Asian Counseling Services, SeaMar, Consejo and the King Center. Geriatric consultations are available from CMH older adult staff.

(d) While the Team has no formal cultural competency training scheduled for 2005 the PATH coordinator is working with CMH administration to fund at least one training. The RSN is also discussing the possibility of CMH PATH team members attending selected cultural competency trainings conducted by Greater Lakes Mental Health

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Comprehensive Mental Health (CMH), its PATH team, and the Pierce County RSN continue to value input from consumers and their family members. CMC employs six consumers with one providing case management for mental health consumers. Having been homeless previously, she is well suited to provide feedback on this plan. Another consumer has been a PATH team member for seven years and is well respected by the Coalition and Continuum of Care groups for his participation in planning meetings.

In previous years PATH staff members have conducted informal surveys of the homeless in Tacoma to obtain feedback on PATH services to better meet consumer needs. In addition, early each year PATH team members participate in a public hearing at Pierce County RSN Mental Health Advisory Board meeting. Notices for this meeting are distributed by the PATH team

encouraging input and/or participation by homeless consumers and individuals in the community concerned about access to resources. Annually, the PATH team coordinator submits a copy of the Intended Use Plan to a number of consumers for feedback regarding the scope and focus of the plan.

Washington State PATH Application 2005
Pierce RSN -- Greater Lakes MHC

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$34,112.00	$7,800.00			$41,912.00
b. Fringe Benefits	$7,505.00	$1,716.00			$9,221.00
c. Travel	$0.00	$928.00			$928.00
d. Equipment	$250.00	$683.00			$933.00
e. Supplies	$383.00	$454.00			$837.00
f. Contractual	$0.00	$0.00			$0.00
g. Construction	$0.00	$0.00			$0.00
h. Other	$0.00	$1,561.00			$1,561.00
i. Total Direct Charges (sum of 6a - 6h)					
j. Indirect Charges	$0.00	$7,721.00			$7,721.00
k. TOTAL (sum of 6i and 6j)	$42,250.00	$20,863.00			$63,113.00
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

Greater Lakes Mental Health: Intended Use Plan Budget Narrative

						Federal	Match
a. Personnel	$20.50	32	hrs per wk		34,112.00	34,112.00	
	12.50%	FTE Supervision			7,800.00		7,800.00
					41,912.00		
b. Fringe Benefits	at	22%	of personnel		9,221.00	7,505.00	1716.00
c. Travel	2650	miles @	0.35		928.00		928.00
d. Equipment	2 cell phones and 2 pagers				Annual		
	cell phones/mth			$25	$600.00		$600.00
	pagers/mth			$3.45	83.00		83.00
	Palm Pilots				250.00	- 250.00	
					933.00		
e. Supplies	6 mths	$193,572	FY2004				
	FTES	185					
	Annual per 0.8 FTE				837.00	383.00	454.00
f. Contractual							
g. Construction							
h. Other							
Insurance liability	FY 2004	% of sal		2.78%	1,164.00		
Staff training	FY 2004	% of sal		0.60%	252.00		
Insurance other	FY 2004	% of sal		0.35%	145.00		
					1,561.00		1,561.00
i. Total Direct Charges (sum of 6a - 6h)					47,592.00		
j. Indirect Charges	FY 2004	% of prog		16.2%	7,721.00		7,721.00
k. TOTAL (sum of 6i and 6j)					63,113.00	42,250.00	20,863.00

HUMAN SERVICES DEPARTMENT

RON BLAKE
Director
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E-mail: blaker@co.cowlitz.wa.us

April 6, 2005

HANK BALDERRAMA
DSHS - MHD
P O BOX 45320
OLYMPIA, WA 98504

Dear Hank,

Enclosed, please find an application from Southwest Regional Support Network for a Projects for Assistance in Transition from Homelessness (PATH) Grant. I have enclosed a completed SF 424 budget detailing itemized line items that display the request for federal funds and local match. Southwest RSN agrees to contribute non-federal match of federal funds in the amount of $15,499. Local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet match requirements.

According to 2000 census data, Cowlitz County is estimated to have the 7th highest number of homeless persons (1,864, including 396 children) in Washington, and ranks 7th highest in total population of homeless persons with severe mental illness (604). Cowlitz County also leads the state in unemployment and exceeds both Washington and United States percentages of people living in poverty. These factors will likely sustain our homeless populations for years to come.

Our proposal reflects a program design that identifies considerable collaboration between provider and governmental agencies as a means of assurance that significant impact will be made in engaging our homeless people in mental health and substance abuse services. If there are gaps or lack of clarity in our proposal, please contact me and I will be happy to submit corrected or additional material. Thank you for this opportunity to help the homeless in Cowlitz County.

Sincerely,

Ron Blake
SWRSN Administrator

Section C: Local Provider Intended Use Plans

In the *Intended Use Plan*, the State must furnish the following information for each agency that provide services with PATH funds

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served. [Identify the RSN and the provider agency; state the geographic area to be served.]

   Southwest Regional Support Network will receive the PATH funds from the State. PATH services will be provided through a contract with Lower Columbia Mental Health Center, a private, nonprofit community mental health center that serves Cowlitz County, Washington. The PATH funds will be used to serve homeless persons in Cowlitz County.

2. Indicate the amount of PATH funds the organization will receive.

   Southwest Regional Support Network anticipates receipt of $45,585 in PATH funds.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

   a. the projected number of enrolled clients who will receive PATH-funded services in FY 2004. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See definition on page 11 of the funding announcement for imminent risk of homelessness.)

   For the fiscal year 2004, we anticipate contacting 120 clients,. We will enroll 45 people in PATH services. We project 80% of the people we serve will be “literally” homeless.

   b. list services to be provided, using PATH funds (see page 6 and 7, of the funding announcement, for PATH eligible services). [Identify each service to be provided, using the names as listed in the eligible services on p. 4 of the funding announcement, e.g. outreach and engagement, community mental health services. The services to be delivered should be predicated on the assessment of current working conditions.]

Cowlitz County’s PATH services will assist homeless individuals with one or more of the following services:

- Outreach services to homeless individuals at social service agencies, jails, shelters and on the streets
- Screening and diagnostic services
- Habilitation and rehabilitation services
- Mental health assessment and treatment
- Alcohol and drug treatment case management
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services
- Referrals for benefits, primary health care, job training, educational and relevant housing services, subject to the restrictions noted in the PATH application

- Case management, including assisting individuals with access to all of above by encouraging, facilitating, brokering, transporting, and otherwise making it possible for them to access all services for which they are eligible
- Supportive and supervisory services in residential settings
- Housing services, including:
    - Planning of housing
    - Technical assistance in applying for housing assistance
    - Improving the coordination of housing services
    - Security deposits
    - Matching eligible homeless individuals with appropriate housing situations
    - One-time rental payments to prevent eviction

b. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.

Lower Columbia Mental Health Center PATH worker will assist homeless persons in obtaining all services for which he/she qualifies. Through the PATH program, Lower Columbia Mental Health Center will work actively in Cowlitz County to reduce barriers to service and advocate for people who are homeless and mentally or who have co-occurring substance disorders..

The agency also will work actively to develop housing options, which support the specific needs of homeless individuals suffering from a severe mental illness. In addition, the PATH worker will obtain referrals from, make referrals to, and work collaboratively with organizations that are not supported by PATH funds directly, but that do provide services and housing to PATH-eligible clients. These include but are not limited to:

- **Community House on Broadway: a homeless shelter providing temporary shelter, food and case management**
- **Emergency Support Shelter: a homeless shelter primarily for victims of domestic violence**
- **PeaceHealth Saint John Medical Center: a medical hospital, including an emergency department, psychiatric inpatient unit and outpatient behavioral health services to low income people**
- **Drug Abuse Prevention Center: a substance abuse treatment program, with inpatient and outpatient services**
- **Providence Addictions Recover Center: an outpatient substance abuse treatment program**
- **Ethnic Support Council: provides resources to help non-English speaking residents access the community and its resources**
- **Law Enforcement: provide community safety, and also a vast knowledge of the whereabouts of homeless people in our community**
- **Veterans Administration, American Legion and other programs serving veterans: medical and behavioral health services for veterans**
- **Salvation Army: provides daily meals for homeless people**
- **Emergency Mental Health Services: 24 hour psychiatric crisis response service by outreach or office session**

- **<u>State of Washington, Department of Social and Health Services</u>: provides medical, dental, food and residential benefits for Washington residents**
- **<u>Longview and Kelso Housing Authorities</u>: provide low-income and housing options**
- **<u>Community Action Program</u>: provides meals, employment, case management, and education services for Cowlitz County citizens**
- **<u>Work First</u>: provides employment assistance and job availability for unemployed people**
- **<u>FISH and other local food banks</u>: provide food and some medication assistance**

b. gaps in the current service system [Indicate what your RSN/agency will do to address them, what you will expect of other key service providers.

The primary gaps faced by PATH eligible clients in Cowlitz County are:

- **In interviews with homeless people and shelters in our community, the most prominent gap they identify is a lack of information about benefits and employment/education support.**
- **There is a lack of outreach and case management services to engage and support homeless persons. Lower Columbia MHC management understands the comprehensive community resources, but lack staff to assist homeless persons to access the resources.**
- **Cowlitz County has a shortage of affordable housing, which specifically supports a mentally ill, or otherwise compromised, person in maintaining their housing.**

b. services available for clients who have both a serious mental illness and substance use disorder

Lower Columbia Mental Health Center provides psychiatric medication, therapy and case management for persons with co-occurring disorders (COD). PeaceHealth's Center for Behavioral Solutions provides similar mental health treatment services. Lower Columbia Mental Health Center has a COD counselor, whose primary job is to assess and treat people with CODs, as well as collaborate on each case with the appropriate substance abuse provider. Our services are provided under a mental health license.

We work extremely closely with the two substance abuse treatment providers in town: Drug Abuse Prevention Center and Providence Addictions Recovery Center. Our goal is to provide integrated behavioral health treatment. To this end, Lower Columbia Mental Health Center, Drug Abuse Prevention Center and Family Health Center, are exploring the option of combining our agencies to provide a comprehensive, integrated approach to health care.

The PATH worker will be trained in both mental health and substance abuse screening and counseling as well as case management. The worker will be able to

assess the clients' needs on an individual basis. The worker also will be familiar with available mental health and substance abuse treatment service provider agencies and will establish liaisons with each service.

The PATH worker will be able to triage the treatment needs of the client, including crisis situations and motivation to change, and coordinate services as appropriate. If the individual is already engaged in treatment services, the PATH worker will be able to provide collaborative support. If the individual is not in services, support in accessing treatment will be provided if the individual so chooses. In any case, the worker will advocate for the client and coordinate with other agencies and individuals to provide for the client's individual needs and best interests.

c. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

The PATH worker will meet with individuals at shelters and through community outreach to homeless individuals living on the streets, in campgrounds, etc. We will provide individual and group assistance in accessing funding, applying for subsidy programs, and completing Section 8 and other housing applications.

Depending on the individual's needs, the PATH worker will assist individuals in locating housing by identifying consumer-friendly landlords, accompanying the individual when applying for assistance, filling out and submitting rental applications, and other tasks that will help overcome barriers to suitable housing.

Lower Columbia Mental Health Center will continue to serve on the Longview Mayor's Homeless Task Force, the Cowlitz County Continuum of Care Planning Committee and the Cowlitz County Housing Committee, all of which directly seek to provide housing and other services for homeless persons. Lower Columbia Mental Health Center will actively seek additional collaborative partnerships to develop suitable housing for the homeless. The agency will specifically address housing development for homeless individuals with mental illness or co-occurring disorders as a goal on the agency's strategic business plan.

In September 2004, leaders of Cowlitz County participated in a facilitated planning session with a Seattle based housing development organization, Common Ground. The focus of the session was to develop a plan to end homelessness and to develop additional capacity to serve homeless, mentally ill people.

Social service leaders, Chiefs of Police and government leaders were in attendance. The level of attendees shows the positive commitment by Cowlitz County leaders to end homelessness. The Mental Health Division sponsored the consultation. The ideas developed in that day have remained in the minds of attendees, as many people are now talking about the use of "housing first" concepts.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

   Through the development of collaborative relationships with community organizations such as those listed in Question "3C" above, the PATH staff person will (1) receive referrals from these agencies, (2) refer PATH clients to these agencies, and (3) provide active advocacy and follow-up to ensure coordination of care. When an individual is identified who meets the criteria of being homeless, the PATH worker will provide outreach and case management services to engage the individual, to address their immediate housing and treatment needs, as well as to assist them in obtaining other resources such as entitlements and vocational counseling. The PATH worker will coordinate care with those agencies, obtaining releases of information when necessary.

   Through ongoing participation in Cowlitz County's Continuum of Care meetings, we will remain informed of, and be able to inform other participating agencies of, any opportunities to improve client outreach and care. Beyond the Continuum of Care group, the PATH worker will actively develop partnerships, which seek to end homelessness. Lower Columbia Mental Health Center, and the PATH worker, will be seen as community leaders in advocacy for ending homelessness.

5. Describe the demographics of the proposed service area. Describe how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients. Indicate the extent to which staff (a) are representative of the racial/ethnic diversity of the clients, and (b) receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

   Cowlitz County has approximately 95,000 residents. We have 4% fewer high school graduates than the state average, and less than half the state average of people having bachelor's degrees. The state average of persons below poverty is 10.6%, while Cowlitz County stands at 14%. Our median income is roughly $6,000 less than the state average of $45,776.

   Cowlitz County's population ethnicity:

White persons	91.8%
Black or African American persons	0.5%
American Indian and Alaska Native persons	1.5%
Asian persons	1.3%
Native Hawaiian and Other Pacific Islander	0.1%
Persons reporting some other race	2.1%
Persons reporting two or more races	2.6%
Persons of Hispanic or Latino origin	4.6%
White persons, not of Hispanic/Latino origin	89.9%

   Lower Columbia Mental Health Center has several mental health specialists on staff (Child, Older Adult, Native American, Developmental Disabilities). In addition, the agency contracts with, and staff receive consultations from, minority mental health

specialists (African American, Southeast Asian, Deaf, Alternative Lifestyles and many other cultures) whenever we serve clients from those populations. Interpreters are available for all languages of existing populations in Cowlitz County, as well as many more. According to agency policy and procedure, all staff are trained at least yearly to provide services that are age, gender and culturally sensitive. We maintain a close working relationship with the Ethnic Support Council in our area.

6. Describe how homeless consumers and their family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, are homeless consumers employed as staff? Do homeless consumers serve on governing or formal advisory boards? (See Appendix I.)

   We have sought the direct input of our homeless citizens in developing this PATH proposal. The services we have proposed are based on a discussion with a homeless person at the local homeless shelter. Through the management of the shelter, we tried to engage more homeless people in a discussion, but they were not willing to talk to us for fear of jeopardizing their current services. In itself, this is an indication of the need for services to increase familiarity of homeless persons with our social service system. Our first effort with our PATH services will be to build a significant level of trust between our services and our homeless citizens and engage in collaborative quality improvement of our services. NOTE—what strategies might be employed. Please add a statement about this.

   Lower Columbia Mental Health Center subscribes to a culture of continuous quality improvement, which includes client voice. We are partners in care with our clients. To operationalize our commitment to consumer voice, our Board of Directors has two seats filled by consumers and our policies and procedures governing our care require inclusion of consumer voice. Client input is noted on all treatment plans, and clients are asked to sign their treatment plans. If awarded a PATH grant, we will include consumers directly in the development and ongoing quality assurance of our program through surveys and direct discussion depending on the comfort level of the clients.

   With 100% compliance, we inform every client of their rights under the law to treatment, confidentiality and non-discrimination and gain the clients' consent for services.

   The agency views families as valuable supports and routinely encourages individuals to involve family and/or other social support in their treatment. Releases of Confidential Information are required before communicating with agencies or individuals, so involvement is with full permission of the client. Clients who are disenfranchised from their families are encouraged to engage the support of their social families. The PATH worker will act in accordance to the client's wishes to involve the family in identifying strengths, financial or other needs and housing possibilities.

Washington State PATH Application 2005
Southwest RSN -- Lower Columbia MHC

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$31,000				$31,000
b. Fringe Benefits	$7,750	$1,853			$9,603
c. Travel	$1,960				$1,960
d. Equipment	$250				$250
e. Supplies					$0
f. Contractual	$3,335				$3,335
g. Construction					$0
h. Other		$7,091			$7,091
i. Total Direct Charges (sum of 6a - 6h)	$44,295	$8,944			$53,239
j. Indirect Charges	$1,290	$6,555			$7,845
k. TOTAL (sum of 6i and 6j)	$45,585	$15,499			$61,084
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

Budget Narrative

SINGLE PROVIDER

a. Personnel

Position	Annual Salary	PATH-funded FTE	PATH-funded Salary	Total	
Caseworker	$31,000	1.0	$31,000		**$31,000**
b.	Fringe Benefits		$9,603	**$9,603**	
c.	Travel (3,600 miles @ $.375 per Mile)		$1,960	**$1,960**	
d.	Data Equipment		$ 250	**$ 250**	
f.	Palm Pilot data collection project		$3,335	**$3,335**	
j.	Indirect Charges (4% Administrative costs)		$1,290	**$1,290**	
k.	Total		$45,585		**$45,585**

COVER LETTER

February 22, 2005

Attached is the completed application for FY 2005 for the PATH (Projects for Transition from Homelessness) contract from the Spokane County RSN (Regional Support Network). We have included all required information.

The responsibility for matching funds will belong to the provider agency, but Spokane County RSN assures at least a 1 : 3 match of funding dollars for the program with a projected total of Non-Federal dollars of Thirty-three thousand, Five Hundred and Seventy-five Dollars ($ 33,575.00). All local non-federal march funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Sincerely,

Rik Godderz, COD Planner
Spokane County Community Services

Section C: Local Provider Intended Use Plans

56. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

    Spokane County Regional Support Network (RSN) will be the primary recipient of PATH funds. The RSN is a governmental agency operating within the Spokane County Community Services Department which funds and provides oversight for public mental health services throughout Spokane County. The RSN will sub-contract with a licensed mental health local provider to provide services to homeless individuals.

    We will utilize a competitive procurement process which will be conducted to select the most qualified local provider of targeted services. We will initiate an RFQ to identify the best agencies and will adhere to Federal Charitable Choice requirements to insure a fair and equitable selection process.

    The current provider is Spokane Community Mental Health Center, a licensed community mental health agency.

57. Indicate the amount of federal PATH funds the organization will receive.

    The RSN anticipates receipt of $98,750 for the coming year.

58. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

    a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of “imminent risk of homelessness”);

    We are again projecting a total of 400 enrolled homeless consumers who will be served by this contract in FY 2005. Although the Annual Reports from 2003 and 2004 recorded services to 529 and 519 persons, respectively, we anticipate significant changes in our reported numbers due to planned implementation of new charting requirements.

    Another factor is the trend toward providing more intensive services. Consistent with last year's data, we estimate that at least 95% of the clients will be literally homeless at initial contact, and that only 3-5% will be at imminent risk of becoming homeless.

    b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

Outreach and engagement: Outreach and engagement is conducted by both the PATH and Homeless Teams to initiate, develop, and maintain relationships with homeless individuals while meeting immediate needs, offering basic survival services and assisting with transition into housing and other services that attend to other long-term needs of the individuals we serve. The Teams meet individuals "on their own turf" to develop trust and rapport. Flexible, proactive, low-demand services are offered to accommodate individuals who initially are unwilling to engage in more extended care. These activities generally occur in the field, at locations such as shelters or meal sites, and parks and campsites. Services include providing emergency food and clothing or linkage to medical care, substance detoxification, domestic violence shelters, and assessment for voluntary or involuntary mental health intervention. Collaboration with other community agencies is utilized to offer a continuum of services and to address the presenting needs of mentally ill and/or chemically addicted homeless persons, depending on the current level of readiness for treatment, understanding of their illness, level of symptom acuity, cognitive ability and skill level in managing their illnesses. Team members help homeless individuals and families move from early identification and engagement services to more intensive, acute services, rehabilitative, and brief or supportive services.

Screening and diagnostic treatment: Team members assess the homeless individuals clinical and social needs and formulate diagnostic impressions that help to determine appropriate referrals to clinical services. Ongoing assessments are used to respond to the consumer's unique and changing needs and circumstances. A plan is developed in cooperation with the homeless individual, the individual's family, if involved, and others in the community to collaborate on strategies to address the individual's needs. Team members coordinate with other agencies on transition plans to ensure implementation of strategies and avoid gaps in care.

Community agencies rely on the PATH/Homeless Team to respond to disruptive and symptomatic consumers. Timely responses by the PATH team reduce the burden on Law Enforcement and Crisis Response Services, and generally result in better and less costly outcomes for consumers and community partners.

Referrals for Benefits and Health Care: A high number of individuals contacted through outreach have the most severe disorders, have limited access to health care and are often the most reluctant to accept treatment. Team members report that these homeless individuals often engage in behaviors that put their health at risk and living on the streets makes it difficult for homeless people to receive appropriate care. Outreach Staff provide a consistent, caring personal approach in an effort to engage people who are homeless and assist with getting needed benefits and health care.

Team members cultivate strong relationships with local health care providers and DSHS staff who are able to provide this population with health care and entitlement services. The team also develops a high degree of knowledge and skills in providing direct help filling out paperwork, navigating through the sometimes complicated eligibility requirements.

Mental Health Treatment: Staff cultivates relationships with local agencies that provide primary mental health and co-occurring services to improve accessibility for people who are homeless. PATH and Homeless Team members receive ongoing mental health training.

Alcohol and Drug Treatment: Spokane Addiction and Recovery Centers have provided the Outreach Team with a Chemical Dependency Professional (CDP). Through this partnership, a community mental health provider and a DASA certified substance abuse treatment agency, outreach staff are able to offer a broad range of expertise regarding assessment, information and referral services for co-occurring mental illness and substance abuse disorders to homeless individuals in our community.

Staff Training: Adequate assessment and referral of persons with serious mental illness or co-occurring disorders is made more difficult by the fact that shelter staff and other providers often lack training in mental health and/or co-occurring disorders. Team members are available to work with community shelter staff and other providers to offer support and education regarding mental illness and chemical dependency. Team members are also trained in the provision of culturally sensitive and competent services.

Case management: The Team provides a full range of case management services including providing hands on assistance in obtaining income support services, housing assistance, obtaining and coordinating social and maintenance services, etc.

Referrals for primary health, job training, educational services and housing services: There are a number of in-house and outside agency provided services where PATH clients are referred. The referral process is an extension of our services and is intended to promote recovery among PATH clients.

ee. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

American Indian Center
Raymond Court Assisted Living
Catholic Charities

Salem Arms
Common Ground
Salvation Army
Community Health Association of Spokane
Spokane Neighborhood Action center (SNAP)
Downtown Women's Shelter/ Hope House
Spokane Aids Network
Eastern State Hospital
Spokane Housing Authority
Family Services Spokane
Spokane Mental Health
House of Charity
Interfaith Hospitality Network
Transitional Living programs for Women
Lutheran Social Service
Union Gospel Mission
Miryam's House of Transition
VA Healthcare for Homeless Vets
Ogden Hall
VOA Crosswalk
Commercial Building
Women's Health
YWCA
Community Detox Center
Spokane Valley Police Department

Team members do not duplicate services provided by other homelss providers but offer additional resources and a gateway into homeless providers systems for individuals who might not otherwise be served.

ff. gaps in current service systems;

A limited ability to integrate and coordinate current funding sources to make better use of existing funds, create new services or leverage additional resources. Insufficient services for people with co-occurring disorders that treat both disorders concurrently and as primary diagnoses.

Undeveloped family support and advocacy services.

Safe and affordable housing at a range of categories. Homeless persons with mental illness and addictions often have behaviors that make it difficult to get or retain housing. Housing is a essential first step to stability. Spokane needs safe-haven services

Funding restrictions for Non-medicaid population. Recent changes and restrictions in the use of Medicaid funding for Mental Health services have resulted in major changes in who many of our agencies can serve, and the

kinds of services which are eligible for reimbursement. Much of the access which once existed to these individuals has been cut off and both the RSN and our community agencies continue to develop creative means for filling the resultant gaps in services.

Income support and entitlement assistance. Outreach to individuals with serious mental illness is essential to help them negotiate the benefits application, eligibility and appeals process. The Team reports a greater need than they, in their limited numbers can respond to. Spokane RSN has been forced to adopt primarily a Medicaid only system creating even more barriers for homeless persons to access needed services.

A lack of short-term intensive support following discharge from hospitals, jails or residential treatment. Case managers are no longer located in Spokane County Jail to manage discharge planning and re-entry planning to mitigate risk of relapse, re-arrest and homelessness. Effective discharge planning begins when an individual enters jail (or a hospital) and includes strategies for housing, personal support, life-skills training , health care, entitlements, income, and coordination with community providers.

gg. services available for clients who have both a serious mental illness and substance use disorder;

Spokane has limited but growing services available for persons who have both a serious mental illness and substance abuse disorder. We have an active COD (Co-Occurring Disorders) Task Force which has been working for over three years. The Task Force is currently well into the planning process for the full implementation of the Continuous, Comprehensive, Integrated System of Care model designed by Dr. Kenneth Minkoff and associates.

We have, using a Project Management approach, established Task Teams around the identified components of Treatment and Recovery, and have begun both defining and addressing the tasks essential to achieving our objectives. The overall goal is to develop a community-wide integrated system of care to fully address the needs of COD individuals. Represented on the task force are service providers, funders, citizen volunteers, & other stakeholders in the community reflecting cultural and social diversity. We are directly addressing the needs of individual clients, including factors such as developmental disabilities, housing needs, employment, and involvement with the criminal justice system. Spokane County is still one of two communities nationally to be an Alpha Test Site for the NIMH Adult Cross-Training Curriculum Project.

The objective of this program is to increase the ability of community treatment providers and criminal justice agencies to communicate and cooperate in the care and handling of persons who have co-occurring

disorders and are involved in the Criminal Justice System. We have incorporated this process into our overall Task Force effort.

PATH funds provide a Chemical Dependency Professional (CDP) from a DASA certified substance abuse agency in partnership with a community mental health provider. This allows the team to offer a broader range of expertise on co-occurring mental illness and substance use disorders to homeless individuals in our community.

The CDP works with the team to locate meet and engage persons who are homeless to provide stabilization and transition services to appropriate substance abuse and mental health treatment. The CDP provides onsite alcohol and other drug use screening, education, assistance in the treatment funding eligibility process and team education on the signs and symptoms of substance abuse and dependence.

hh. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

The PATH and HomelessTeam is working with the Spokane Housing Authority to make homelessness a preference for 12 Section 8 vouchers each month. Our team has played a vital role in designing this program to ensure that homeless individuals who are ready for permanent housing are identified and that organizations are committed to helping them get through the process and adequate supports are in place to maintain housing status. We continue to coordinate with local housing providers and keep a current list of affordable housing options. "Hands on assistance" is offered to obtain funding, locate housing, complete applications and meet eligibility requirements. Direct advocacy with landlords and apartment managers is also provided. Security deposits and one time rental assistance is made available when needed.

59. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

As members of Spokane's Homeless Coalition, the PATH and HomelessTeams actively participate in Spokane's Continuum of Care planning process. The Homeless Coalition is a group of more than 40 organizations, agencies, and individuals representing for-profit, nonprofit, governmental and private interests as they pertain to the homeless.

Members of PATH Team attend the monthly Homeless Coalition meetings and special Continuum of Care meetings where ideas are shared, current resources are inventoried and strategies developed and adjusted to meet the needs of the homeless population in our community. In addition to attending

monthly Homeless Coalition Meetings, PATH and Homeless Team members serve on various sub-committees of the Coalition: Current Subcommittees include:

- Inclement Weather Committee
- Interagency Outreach Committee
- Membership Committee
- Spokane Housing Venture Housing Voucher Committee

The PATH and Homeless Teams are responding to a "perceived" migration of homeless individuals from Spokane City limits to Spokane Valley as a result of a camping ordinance in Spokane City limits. A regular outreach station has been added to the Valley were homeless individuals can come to get help. In addition, the Teams are working with Valley Chief of Police to educate officers regarding the special needs of homeless individuals in an effort to encourage officers to approach homeless individuals as citizens not criminals and to use community resources to meet the needs of the homeless.

To increase permanent housing in Spokane in connection with supportive services to homes individuals with disabilities, Spokane Mental Health is contracting with the City of Spokane Human Service department to develop a Tenant-Based Shelter Plus Care Rental Assistance Program for 26 units. Funding is through a federal program of the Continuum of Care Homeless Assistant Grant.

There is a Memorandum of Understanding between Spokane Mental Health, Spokane Housing Authority, and the City of Spokane Human Services Department. The PATH and Homeless Teams will work with case managers at Spokane Mental Health to develop relationships with landlords who will be willing to participate in this program.

The PATH Team provides Spokane City Human Services department a contact log that includes the number of contacts made by the team and basic demographics and other basic information. PATH and the City of Spokane Human services department work together to provide a total and unduplicated count of homeless persons seen on a monthly basis. This information assists in the planning and delivery of services to the homeless population in Spokane County. The team also cooperate to track the number of consumers who need substance abuse and mental health services, the number of consumers who have been referred to services and the number of consumers who have been enrolled in services.

An advisory board was formed to provide routine evaluation of PATH Team and the Homeless Team to enhance communication among homeless service providers. The Board is made up of community homeless providers with diverse backgrounds and experience, who provide input and guidance on

behalf of consumers, their families and the community regarding the efforts of the PATH Team. Members meet on a quarterly basis and have assisted in identifying outcome measures, compiling questions for a homeless survey, and discerning barriers for the Homeless in Spokane County. The meetings are open for discussion and feedback is encouraged.

60. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

    Although Spokane has growing populations of ethnic minorities, as a community we still have disproportionately low numbers of citizens who are African-American, Hispanic, and Asian compared to many other similar sized areas. Nonetheless, we remain committed to providing culturally appropriate mental Health services to people of all ages in collaboration with community partners.

    We recognize that members of the PATH Team and the SMH Homeless Team must be cognizant of differences that could pose possible barriers to effective and appropriate service delivery. To that end, one of our action items for this calendar year is to establish a Consumer Panel with representatives from each identified segment of the population, including recent immigrants which may not be categorized as ethnic minority persons. Spokane has, for example, a very large community of refugees who have come here over the last 10-15 years from the former Soviet Union.

    Ensuring staff has the capacity to be sensitive to age gender, and racial difference of clients begins in the hiring process. Specific attitudes and characteristics are screened with carefully designed interview questions. Each member of the PATH Team and the SMH Homeless Team must demonstrate he or she posses the core fundamental capacities of warmth, empathy and genuineness.

    Behaviors that are congruent with cultural competence can be learned, but underlying the behavior must be an attitudinal set of behavior skills. When these qualities are present, then we are confident that our staff have the core capacities and can learn further skills to exemplify cultural competence in a manner that recognizes, values and affirms cultural differences among their clients.

Once hired, there are a number of resources available to help Team members to recognize age, gender and racial/ethnic differences and develop service delivery models, which accommodate them. These include access to Multicultural Services and other skilled population specialists who can provide consultation, training, language interpretation, support and intervention.

Bicultural/bilingual consultants can act as a bridge between ethnic communities and service providers. We also subcontract interpreter and referral services for people who speak other languages or who are deaf or have hearing impairments. Regular training is provided to ensure staff receives ongoing updates in cultural competence.

Cultural competence, however, requires more than sending staff to periodic trainings or consulting with specialists. We build awareness of these issues into the very fabric of our meetings, clinical discussions and team values. Because this competence begins with an awareness of one's own cultural beliefs and practices, team members are given opportunities during case staffings to explore their own beliefs and traditions that may underlie prejudgments or biases toward the way consumers think and behave. We believe cultural competence is rooted in respect, validation and openness towards someone with different social and cultural perceptions and expectations than our own.

61. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

    Involvement of the consumer and family in program planning, implementation and evaluations is done through community meetings, visits to advocacy groups, and requests for comment on the effectiveness and appropriateness of our services from other homeless providers and the Homeless Advisory Group. Team members understand the importance of including consumer and family voice in service provision. It is critical that consumers and family members are central in the decision making process, and that planning, implementation, and evaluation of services should be a combined effort of the consumer, family and PATH team.

Washington State PATH Application 2005
Spokane RSN -- Spokane Mental Health

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	$34,531.00	$11,510.00			$46,041.00
b. Fringe Benefits	$7,993.00	$2,664.00			$10,657.00
c. Travel	$1,025.00	$342.00			$1,367.00
d. Equipment	$375.00	$125.00			$500.00
e. Supplies	$200.00	$67.00			$267.00
f. Contractual	$36,732.00	$12,122.00			$48,854.00
g. Construction					$0.00
h. Other	$17,894.00	$6,744.00			$24,638.00
i. Total Direct Charges (sum of 6a - 6h)					$132,324.00
j. Indirect Charges					$0.00
k. TOTAL (sum of 6i and 6j)	$98,750.00	$33,575.00			$132,324.00
7. Program Income					

SECTON C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

Washington State PATH Application FY 2005
Spokane County RSN

Budget Narrative

Following are the breakdowns and descriptions of the itemized listings on the accompanying Budget Information form (SF 424)

Personnel	$ 34,531.00	The combined expenditure pays for 1.5 FTE's at the
	7,993.00	service provider to conduct program activities and to
		support the Outreach and Homeless teams.
Subtotal	$ 42, 524.00	
Contractual	$ 36,732.00	These funds cover the subcontracted purchase of CDP Services from a local licensed treatment agency. Also Included in this total is $7,237.00 for Palm Pilot / data collection support services.
Travel	$ 1,025.00	Used to cover the expense of team members and the Contract Manager to attend statewide meetings.
Equipment	$ 375.00	For replacement of Palm Pilot equipment
Supplies	$ 200.00	General material and supply costs connected to the Program activity.
Other	$ 17,894.00	Funds targeted for training and discretionary expenditures to support client needs, i.e. rent and utility assistance, job training and search assistance.
TOTAL	$ 98,750.00	

Thurston Mason Regional Support Network

Memo

To: Hank Balderrama, Mental Health Division

From: Ann Edington

Thurston Mason RSN

CC: Mark Freedman, RSN Manager

Date: March 9, 2005

Re: PATH Application

Please find attached, Thurston Mason Regional Support Network's (TMRSN) Intended Use Plan for the Washington State PATH Application 2005.

It is the intent of TMRSN to utilize the funding proposed in the PATH Application to contract, through a licensed mental health agency, for a full time staff position to provide outreach/mental health services to the homeless and mentally ill population in both Thurston and Mason Counties. In doing so we recognize and have set aside the necessary dedicated "Match Dollars" for the funding being provided through this program in the amount of $15,499.

Thank you for this opportunity and we look forward to continuing the good work already being provided in this community for the homeless.

Section C: Local Provider Intended Use Plans

In the *Intended Use Plan*, the State must furnish the following information for **each** agency that provide services with PATH funds

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served. [Identify the RSN and the provider agency; state the geographic area to be served.]

Thurston/Mason Regional Support Network (TMRSN) is a two county regional support network that funds mental health services in both Thurston and Mason Counties. There is a PATH project in this RSN which currently focuses on Thurston County.

Behavioral Health Resources (BHR) has recently become the sole mental health provider for both Thurston and Mason Counties. The original PATH provider agency, South Sound Mental Health Services, has been adsorbed into the larger BHR agency. BHR serves all of Thurston County and maintains a semi-autonomous service site in Mason County (as well as a third site in Grays Harbor County which is contracted to Grays Harbor RSN). BHR (originally using another name) has served Thurston and Mason Counties for well over ten years. BHR is a full service state licensed mental health agency which provides the full range of mental health services.

<u>Geographic Area</u>
Although Thurston County contains the state capitol of Olympia, both Thurston and Mason counties are predominantly rural. The area is bordered on the east by Puget Sound and on the south and west by other rural Washington counties. To the north of Thurston County is Pierce County which is one of the most populous counties in the state. To the north of Mason County is a very rural county.

Thurston County encompasses 727 square miles with a population in 2003 of 214,800. Thurston County has a density of 295 persons per square mile. The per capita income in 2003 was estimated to be $28,266 per person. This figure is higher than Mason County due, at least in part, to the income of state workers. Seven percent of the people living in Thurston County receive Medical Assistance.

Thurston County also has a substantial homeless problem. Many poor persons live in substandard housing within the urban setting of Olympia and disbursed throughout the rural area. Capital Forest, a large state forest area, is home to many homeless persons who establish camps within its boundaries. In addition, in 2003 there were 1878 persons identified as homeless who received at least one night of shelter. There were 930 persons who were denied shelter during the year.

Mason County encompasses 961 square miles with a population in 2003 of 50,200. It is quite rural with 52.2 persons per square mile. The per capita income in 2003 was estimated to be $21,610 per person. Nine percent of the people living in Mason County receive Medical Assistance.

The industrial base of Mason County has changed in recent years from an emphasis on forestry to other income sources. The top four employment categories in both counties are government service, manufacturing, retail trade, and services. A state corrections facility for adult men is stationed there.

Mason County has a substantial homeless problem. Many persons live in substandard housing disbursed throughout the rural area. In addition in 2003 there were 227 persons identified as homeless who received at least one night of shelter. There were also at least 831 persons who were denied shelter during the year.

Mental Health Services

BHR has an active caseload in Thurston County of approximately 822 enrolled Medicaid clients and an active caseload in Mason County of 350 enrolled Medicaid clients.

In 2003, 1140 persons from Thurston County were hospitalized as the result of attempted suicide. Of those 822 of the hospitalizations had related substance use. In Mason County 351 people were hospitalized as the result of attempted suicides. Of those, 278 of the hospitalizations had related substance use.

2. Indicate the amount of PATH funds the organization will receive.

The RSN anticipates receipt of $45,585 in PATH funds and will sub-contract the entire amount to Behavioral Health Resources.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. the projected number of enrolled clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See definition on page 11 of the funding announcement for imminent risk of homelessness.)

BHR expects to serve approximately 150 PATH clients. Of these, it is anticipated that 75% will meet the definition of “literally” homeless.

b. list services to be provided, using PATH funds (see page 6 and 7, of the funding announcement, for PATH eligible services). [Identify each service to be provided, using the names as listed in the eligible services on p. 4 of the funding announcement, e.g. outreach and engagement, community mental health services. The services to be delivered should be predicated on the assessment of current working conditions.]

- Outreach services
- Screening and diagnostic services
- Habilitation and rehabilitation
- Community mental health services
- Alcohol or drug treatment services
- Staff training
- Case management services
- Supportive/supervisory services in residential settings
- Referral for primary health services
- Housing services, to include planning of housing, technical assistance in applying for housing assistance, improving the coordination of housing services, security deposits, and one-time rental payments to prevent eviction.

c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.

Over the years BHR in both Thurston and Mason Counties has developed an extensive network of community partners. BHR participates in all of the forums in Thurston County which address the needs of homeless people. This year with the support of its community partners BHR has successfully competed for a housing grant through the state Department of Community Trade and Economic Development, a major housing development funding source. The grant is to remodel an apartment complex in Tumwater into appropriately 40 single bedroom units which will serve mentally ill clients who are currently homeless, at Western State Hospital, or living in substandard housing.

BHR is now the main mental health agency in Thurston County, as it recently absorbed South Sound Mental Health, the previous PATH provider. The agency is in close partnership with the Thurston County Housing Authority, Salvation Army, Bread & Roses, and United Ministries among others. The local Housing Authority provides special housing funds through the HOME program. In the HOME program BHR provides case management funds to the housing authority to facilitate access for qualified mentally ill individuals into appropriate housing.

BHR retains an active partnership with several medical clinics and with Sound Home Care which is the local home health agency. In addition, BHR provides the community with mental health and chemical dependency services. When appropriate PATH eligible individuals can be referred directly into BHR services.

BHR will assure that PATH enrolled consumers are screened for eligibility for all possible benefits, including, at a minimum:

a.) Services under the PHP and the RSN including emergency, psychiatric and medical, residential, employment and community support services;
b.) Housing services and resources;
c.) Veterans' services

d.) American Indian benefits
e.) Economic services
f.) Medical services
g.) Substance abuse services; and
h.) Vocational Rehabilitation services.

BHR Mason County maintains an active partnership relationship with United Way and its participating agencies. Most active are Mason Matters a community coordination network which has membership from most of the human services in Mason County.

d. gaps in the current service system [Indicate what your RSN/agency will do to address them, what you will expect of other key service providers].

It is clear from the statistics above regarding homelessness that the provision of shelter opportunities is a need of this community. BHR continues to partner with Thurston County Housing Authority, among others, and with Mason Matters, United Way, and Thurston/Mason RSN around this issue.

To ensure services are being adequately provided by BHR, the TMRSN will require BHR to provide reports regarding services and funding use based on the IUP. The TMRSN will require BHR to:

1) Submit quarterly narrative reports on progress made toward the objectives stated in the Intended Use Plan

2) Report performance in the following outcome measures:

a) The number of enrolled persons transitioned into permanent housing.
b) Increase the number of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.
c) Report the number of persons who received outreach contacts and became enrolled. (Target-at least 40% of individuals contacted through PATH-supported outreach).

3) Participate in the Palm Pilot Data Collection Project. This includes contracting with an approved project coordination agency in the amount specified in the approved budget.

4) Provide a Financial Report to the Mental Health Division annually no later than 60 days after the close of the contract period using the objective class categories of Federal Standard Form 424A and the approved budget.

5) Complete and submit on a timely basis the report forms required by the Center for Mental Health Services PATH Annual Reporting Guidelines. The requested reports are subject to change depending on requirements by the CMHS PATH Annual Reporting Guidelines and the Mental Health Division Data Collection System. The contractor shall be notified in writing of these changes by letter and/or contract amendment will be completed in order to implement any such changes.

6) Overdue reports. Failure to submit required reports within the time specified may result in suspension or termination of the contract, withholding of additional awards for the project, or other enforcement activities, including withholding of payments.

7) Record Retention and Access. Financial and programmatic records, supporting documents, statistical records, and all other records of a grantee or sub-grantee that are required by the terms
of a grant or sub-grant or may reasonably be considered pertinent to a grant or sub-grant, must be retained for the time period specified in 45 CFR Part 74, Subpart D, or 45 CFR 92.42, as applicable.

A continuing gap for persons with mental illness is access to employment services. Because the limited economic resources in our area this has become an area of increasing concern. Mason Matters has established this issue as a priority for the county. BHR also hopes to increase the vocational exploration activities which are available to its enrolled clients.

The Clubhouse located in Thurston County, a consumer peer-run clubhouse based on the Fountain House model, is available to those that are mentally ill and in need of job skill training and socialization activities. The Clubhouse offers skill development and training in several areas; food service, janitorial, and office skills. The goal is to get individuals employed as well as stable in their housing situation.

BHR is still in the process of reordering services to incorporate former staff and service components of South Sound Mental Health. As the process proceeds there is a commitment from the administration of BHR to strengthen PATH and services to homeless persons. BHR is developing a new intensive case management initiative which will serve high need individuals in their place of residence in the community. Emphasis will be placed on housing stabilization. With available resources BHR will support the PATH project in strengthening services in Mason County.

e. services available for clients who have both a serious mental illness and substance use disorder

BHR provides both mental health and substance abuse treatment services in both facilities in Thurston and Mason Counties. To access these services, the homeless outreach worker is charged with seeking out these homeless persons who appear challenged by these disabilities. Every effort is made to engage these persons to support them in applying for Medicaid benefits and in entering them into services using the new Access to Care standards.

f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

In addition to the housing grant cited above, Thurston County Housing Authority and Mason County Housing Authority (which is a local office of Kitsap Housing Authority) funds HOME certificates which provides rental assistance to BHR enrolled clients challenged by mental illness. Priority is given to persons who are homeless.

BHR maintains two apartment complexes in Thurston County; Tumwater Cove has 8 apartment units and the B&B has 16. Priority is given to homeless persons discharged from WSH or who are mentally ill and homeless. Several apartment houses clustered near the BHR Mason County Shelton Office have been helpful in providing housing and coordinating support services with case managers at BHR.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

BHR is an active participant in the HUD Continuum of Care program and in the organization Mason Matters. BHR participates in the annual updates to the communities' Continuum of Care and advocates with local funders and developers for programs to fill the gaps for affordable housing. As a Primary Care Provider with the areas managed mental health care, BHR participates in planning for residential options. BHR has a strong working relationship with emergency shelter providers which enhance their willingness to work with the clients.

5. Describe the demographics of the proposed service area. Describe how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients. Indicate the extent to which staff (a) are representative of the racial/ethnic diversity of the clients, and (b) receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

Demographic distribution of the population of Thurston County was reported in 2003 in percentages. The population is 214,800 persons—83.4% are identified as white, 4.5% Hispanic, 1.5% American Indian, 4.9% Asian/Hawaiian, 2.4% Black, 1.7% Other races, and 3.9% Two or more races. Along with all BHR agency personnel the outreach staff receive extensive training in sensitivity to racial, ethnic and cultural competence issues. Throughout its system BHR has a diversity of staff and also the ability to call upon unrepresented cultural minority specialists.

Demographic distribution of the population of Mason County was reported in 2003 in percentages. The population is 50,200 persons—88.5% are identified as white, 4.2% Hispanic, 3.7% American Indian, 1.5% Asian/Hawaiian, 1.2% Black, 2.1% Other races, and 3.0% Two or more races. Along with all BHR agency personnel the outreach staff receive extensive training in sensitivity to racial, ethnic and

cultural competence issues. Throughout its system BHR has a diversity of staff and also the ability to call upon unrepresented cultural minority specialists.

6. Describe how homeless consumers and their family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, are homeless consumers employed as staff? Do homeless consumers serve on governing or formal advisory boards? (See Appendix I.)

The RSN Advisory Board actively seeks citizens of Mason County to join with citizens from Thurston County. The BHR Board of Directors also seeks membership from Thurston, Mason, and Grays Harbor Counties. The Thurston/Mason RSN Quality Review Team is active in soliciting consumer satisfaction information from a sampling of all persons who seek or receive services from Thurston/Mason RSN agencies.

Washington State PATH Application 2005
Thurston-Mason RSN - Behavioral Health Resources

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activiity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS		$0.00	$0.00	$0.00	$0.00	$0.00

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3) PATH Funds	(4) Match	
a. Personnel	$29,080	$2,000			$31,080
b. Fringe Benefits	$6,900	$540			$7,440
c. Travel	$4,420	$885			$5,305
d. Equipment	$760	$80			$840
e. Supplies	$590	$410			$1,000
f. Contractual	$3,335				$3,335
g. Construction					$0
h. Other	$0	$10,909			$10,909
i. Total Direct Charges (sum of 6a - 6h)	$45,085	$14,824			$59,909
j. Indirect Charges	$500	$675			$1,175
k. TOTAL (sum of 6i and 6j)	$45,585	$15,499			$61,084
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	**(b) Applicant**	**(c) State**	**(d) Other Sources**	**(e) TOTALS**
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)	$0.00	$0.00	$0.00	$0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	$0.00	$0.00	$0.00	$0.00	$0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	(b) First	**(c) Second**	**(d) Third**	**(e) Fourth**
16.				
17.				
18.				
19.				
20. TOTALS (sum of lines 16-29)	$0.00	$0.00	$0.00	$0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks	

Memorandum

To: Hank Balderrama, PATH

From: Ann Edington

Date: March 9, 2005

Re: PATH Budget Narrative

Personnel:			$31,080.00
1.0 Outreach worker	$28,080	=	$28,080
.03 Clinical Supervisor	43,000	=	1,500
.05 Clerical	22,000	=	1,500
Benefits @ 24%			7,440.00
Travel			5,305.00
Local travel for outreach worker			4,000.00
Travel to trainings, etc.			1,305.00
Equipment			840.00
Palm Pilot			250.00
Cell phone, copier, computer, printer			590.00
Contractual			3,335.00
Palm Contract			3,335.00
Supplies			1000.00
Office supplies			800.00
Postage			200.00
Other			10,909.00
Client Assistance			3,000.00
Legal			553.00
Facilities			5,406.00
Staff training & development			1,000.00
Insurance			950.00
Indirect			1,175.00
Off-site office space & administrative overhead			1,175.00

Budget Allocation Description

Personnel

The budget includes one full time BHR outreach worker to work in both the Thurston and Mason counties. Supervision will be provided on general administrative matters and on medical issues by staff on site in both the BHR Olympia (Thurston County) and Shelton (Mason County) offices. Additional supervision will be provided by the PATH supervisor based in the Olympia office but available on occasion at the Shelton site.

Benefits

Benefits are calculated at 24%.

Travel

The travel budget will cover the use of the outreach workers private vehicle to cover the extensive area of Thurston/Mason Counties to assure PATH services are available in all areas of both counties. Travel expenses were increased to compensate for the more extensive travel that will be expected to cover more of Mason County.

Equipment

In addition to the Palm Pilot which is used for on-site data collection, the outreach worker is required to carry a cell phone. This device allows for communication from and to remote areas of the counties. Both pieces of equipment allow for the outreach worker to maintain consistent file information and communication with BHR.

Other

Client assistance is an important part of this program. Often just a simple one-time boost will insure that a service can be provided and maintained which may make the difference between homelessness and housing.

Indirect

Although this is a very small portion of the budget it allows some flexibility in obtaining off-site office space in the remote areas of the county. Indirect charges were increased with the anticipation that the outreach worker will be spending more time in Mason County.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from
using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the
awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Christine Gregoire	Governor
APPLICANT ORGANIZATION	DATE SUBMITTED
Washington State Department of Social and Health Services, Mental Health Division	March 25, 2005

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with com- mission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub- grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dis-pensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--

(1) The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabil-itation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement re-quired by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point

for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These require- ments apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical an mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Christine Gregoire	Governor
APPLICANT ORGANIZATION	**DATE SUBMITTED**
Wa. State Dept. of Social & Health Svcs.	March 25, 2005

Appendix F: Agreements

FISCAL YEAR 2005
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
AGREEMENT

I hereby certify that the State of _____ agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who

(1) (a) are suffering from serious mental illness; or (b) are suffering from serious mental illness and have a substance use disorders; and

(2) are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

(1) outreach;

(2) screening and diagnostic treatment;

(3) habilitation and rehabilitation;

(4) community mental health;

(5) alcohol or drug treatment;

(6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;

(7) case management services, including

(a) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

(b) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing

(c) providing assistance to the eligible homeless individual in obtaining income obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

(d) referring the eligible homeless individual for such other services as may be appropriate; and

(e) providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.

(8) supportive and supervisory services in residential settings;

(9) referrals for primary health services, job training, education services and relevant housing services;

(10) housing services [subject to Section 522(h)(1)] including

(a) minor renovation, expansion, and repair of housing;

(b) planning of housing;

(c) technical assistance in applying for housing assistance;

(d) improving the coordination of housing services;

(e) security deposits;

(f) the costs associated with matching eligible homeless individuals with appropriate housing situations; and

(g) l-time rental payments to prevent eviction.

(11) other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly or through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The State agrees that grants pursuant to Section 522(a) will not be made to any entity that

(1) has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or

(2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g). The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that

(1) not more than 20 percent of the payments will be expended for housing services under Section 522(b)(10); and

(2) the payments will not be expended

(a) to support emergency shelters or construction of housing facilities;

(b) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or

(c) to make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than $1 for each $3 of Federal funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a statement

(1) identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;

(2) containing a plan for providing services and housing to eligible homeless individuals, which

(a) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and

(b) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;

(3) describing the source of the non-Federal contributions described in Section 523;

(4) containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;

(5) describing any voucher system that may be used to carry out this part; and

(6) containing such other information or assurances as the Secretary may reasonably require.

Section 527(a) (1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula Grant amounts for which the State is applying. This description

(l) identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and

(2) provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2005, prepare and submit a report providing such information as is necessary for

(l) securing a record and a description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2005 and of the recipients of such amounts; and

(2) determining whether such amounts were expended in accordance with the provisions of Part C - PATH.

Section 528(b).

The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Christine Gregoire — Governor

3/29/05 — Date

OMB Approval No. 0920-0428

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☐ NEW ☒ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE)	☒	
2. Proper Signature and Date on PHS-5161-1 "Certifications" page.	☒	
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs)	☒	
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
☐ Civil Rights Assurance (45 CFR 80)		
☐ Assurance Concerning the Handicapped (45 CFR 84)		
☐ Assurance Concerning Sex Discrimination (45 CFR 86)		
☐ Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)		
5. Human Subjects Certification, when applicable (45 CFR 46)	☐	☒

Flags for Gov.

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	☐	☒
2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☒	
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE?	☒	
4. Have biographical sketch(es) with job description(s) been attached, when required	☐	☒
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☒	
6. Has the 12 month detailed budget been provided?	☒	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☒	☐
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	☐	☒
9. For Competing Continuation and Supplemental applications, has a progress report been included?	☐	☒

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Name: Karl Brimner
Title: Director
Organization: WA State DSHS Mental Health Div
Address: PO Box 45320 Olympia, WA 98504
E-mail Address: brimntr@dshs.wa.gov
Telephone Number: (360) 902-0790
Fax Number: (360) 902-7691
APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned): 91-6001088

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Name: C.H. Hank Balderrama
Title: Program Administrator
Organization: WA State DSHS Mental Health Div
Address: PO Box 45320 Olympia, WA 98504
E-mail Address: baldech@dshs.wa.gov
Telephone Number: (360) 902-0820
Fax Number: (360) 902-7691
SOCIAL SECURITY NUMBER: N/A
HIGHEST DEGREE EARNED: MSW

(OVER)

Washington State
PATH DEFINITIONS
As of May 2004

Appendix A

1) PATH eligible homeless persons are those who are:
   a) "Seriously mentally ill" meaning having a severe and persistent mental or emotional impairment that seriously limits a person's ability to live independently. (CFR Title 42, Chapter 119, Subchapter IV, Part D, Section 11392 –McKinney Act).
   b) Homeless or at imminent risk of becoming homeless. Homeless means an individual who:
      i) Lacks fixed, regular, and adequate night time residence, or
      ii) Has a primary night time residence that is:
         (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelter and transitional housing for mentally ill);
         (2) An institution that provides a temporary residence for individuals. or;
         (3) A public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
   c) Imminent risk of becoming homeless means "at risk of becoming homeless" includes individuals (with a serious mental illness) or families (with an immediate family member who has a serious mental illness) who have a recent history of homelessness. They are currently living "doubled up" or are otherwise temporarily and inadequately housed in a residence that is not their own and may be at high risk of becoming homeless in the near future" (Governor's Task Force on Homelessness).

2) Persons are no longer PATH eligible when:
   a) They have been housed for a period up to one year;
   b) The Veterans Administration and/or subcontractors of the VA are providing the full range of all needed services stipulated by PATH statutes;
   c) They are enrolled into the PHP and/or RSN and are receiving all necessary services which will transition the individual from homelessness into secure housing, case management services, employment services, psychiatric and medical services and/or other services that will assist the individual in avoiding homelessness.

3) Contact means a face to face encounter for the purpose of determining a person's eligibility for PATH services, or a personal encounter or presence planned to establish trust and gain information from a possibly eligible person.

4) Co-occurring serious mental illness and substance abuse orders means persons who need services of both the mental health and substance abuse system as follows:
   a) High severity psychiatric symptoms/disorders and low to moderate severity substance issues/disorders. Services to this group should be done in outpatient or inpatient mental health settings in collaboration with the substance abuse system.
   b) High severity psychiatric symptoms/disorders and high severity substance issues/disorders. Services to this group must be provided in specialized programs with cross-trained staff or multidisciplinary teams.

5) Outreach means a face to face contact provided in an effort to identify eligible PATH consumers. It may be going out to find and contact potentially eligible consumers or contacting the consumer who has come into a program such as a drop-in center.

6) Enrolled PATH client means a person who has been determined to meet the eligibility criteria for PATH, for whom a clinical or formal record has been prepared, and who is being served by federal PATH allocated funds (those federal funds that are passed through the state to the RSN/County.

7) Federal funds means those PATH funds that are passed through the state to the RSN/County. They do not include the required match or any other form of match or funding.

8) Substance use disorder means, "an adult (age 18 or over) individual with a diagnosable and persistent substance related disorder that seriously limits the person's major life activities and/or ability to live independently.

9) Screening and diagnostic services means either an assessment by a non-mental health professions (MHP), or a formal diagnosis by an MHP.

10) Habilitation and rehabilitation means teaching consumers new skills or assisting a consumer to relearn skills they once had but lost as the result of the disease.

11) Case management includes:
   a) Preparing a plan for the provision of community mental health services to the eligible homeless individuals involved, and reviewing such plan not less than once every 3 months;
   b) Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
   c) Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
   d) Referring the eligible homeless individual for such other services as may be appropriate, and
   e) Providing representative payee services in accordance with Section 161(a)(2) of the Social Security Act if the eligible homeless person is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services;

12) Supportive and supervisory services means services given in residential settings to an eligible PATH consumer.

13) Housing services means:
   a) Minor renovation, expansion, and repair of housing;
   b) Planning of housing;
   c) Technical assistance in applying for housing assistance;
   d) Improving the coordination of housing services;
   e) Security deposits—the costs associated with matching eligible homeless individuals with appropriate housing situations; and 1-time rental payment to prevent eviction.

14) An audit is a systematic review, or appraisal, made to determine whether internal accounting and other control systems provide reasonable assurance of compliance with :
   - Properly conducted financial operations
   - Fairly and accurately presented financial reports
   - Applicable laws, regulations, and other grant terms
   - Economical and efficient management of resources from this grant
   - Effective achievement of desired results and objectives

STATE OF WASHINGTON 2003
Estimates of Prevalence of Mental Illness
Among Mentally Ill by Regional Support Network (RSN)

RSN	Estimated Number of Homeless Persons	# Homeless SMI Using 35% Estimate	Total Pop (2000 Census)	% Homeless SMI to Population
Grays Harbor	189	66	67,194	0.099
Northeast	195	68	69,242	0.099
Southwest	262	92	92,948	0.099
Timberlands	263	92	93,408	0.099
Chelan-Douglas	280	98	99,219	0.099
North Central	369	129	130,690	0.099
Thurston-Mason	724	253	256,760	0.099
North Sound	2,711	949	961,452	0.099
Greater Columbia	1,711	599	599,730	0.100
Peninsula	1,001	350	322,447	0.109
Clark	1,071	375	345,238	0.109
Pierce	2,698	944	700,820	0.135
King	7,980	2,793	1,737,034	0.161
Spokane	3,699	1,295	417,939	0.310
STATE TOTALS	23,154	8,104	5,894,121	0.137

Source: Washington State Department of Social and Health Services (DSHS), Mental Health Division, (2003) Report to the Legislature: The Prevalence of Serious Mental Illness in Washington State. Olympia, Washington

STATE OF WASHINGTON 2003
Estimates of Prevalence of Mental Illness
Among Mentally Ill by RSN and County

RSN	County	Estimated Number of Homeless Persons	# Homeless SMI Using 35% Estimate	Total Pop (2000 Census)	% Homeless SMI to Population	Rank in terms of Homeless percent
Chelan Douglas	Chelan + Douglas	280	98	99,219	0.099	10
Clark	Clark	1,071	375	345,238	0.109	5
Grays Harbor	Grays Harbor	189	66	67,194	0.099	14
Gtr Columbia	Columbia	11	4	4,064	0.099	28
Gtr Columbia	Skamania	28	10	9,872	0.099	26
Gtr Columbia	Adams	46	16	16,428	0.099	23
Gtr Columbia	Asotin + Garfield	65	23	22,948	0.099	21
Gtr Columbia	Whitman	115	40	40,740	0.099	17
Gtr Columbia	Walla Walla	175	61	55,180	0.111	16
Gtr Columbia	Benton + Franklin	541	189	191,822	0.099	9
Gtr Columbia	Kittitas + Klickitat + Yakima	776	272	275,104	0.099	6
King	King	7,980	2,793	1,737,034	0.161	1
North Central	Grant	211	74	74,698	0.099	12
North East	Ferry	20	7	7,260	0.099	27
North East	Lincoln	29	10	10,184	0.099	25
North East	Pend Oreille	33	12	11,732	0.099	24
North East	Okanogan	112	39	39,564	0.099	19
North East	Stevens	113	40	40,066	0.099	18
North Sound	Island + San_Juan + Skagit + Snohomish + Whatcom	2,711	949	961,452	0.099	2
Peninsula	Jefferson	73	26	25,953	0.099	20
Peninsula	Clallam	274	96	64,525	0.148	15
Peninsula	Kitsap	654	229	231,969	0.099	8
Pierce	Pierce	2,698	944	700,820	0.135	3
Southwest	Cowlitz	262	92	92,948	0.099	11
Spokane	Spokane	3,699	1,295	417,939	0.310	4
Thurston Mason	Thurston + Mason	724	253	256,760	0.099	7
Timberlands	Wahkiakum	11	4	3,824	0.099	29
Timberlands	Pacific	59	21	20,984	0.099	22
Timberlands	Lewis	193	68	68,600	0.099	13
	State Totals	23,154	8,104	5,894,121	0.137	

There are 39 counties in Washington; various counties have been combined, thus there are only 29 rankings